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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

City & State

N14650

City & State

INDIAN RIVER HEALTH SERVICES CORPORATION

Principal Place of Business Mailing Address C/O MICHAEL J. O'GRADY, JR. C/O MICHAEL J. O'GRADY, JR. 3. Date Incorporated or Qualified 1000 36TH STREET 1000 36TH STREET 04/29/1986 VERO BEACH FL 32960-4862 VERO BEACH FL 32980-4862 Applied For Not Applicable 65-0029298 2. Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired П 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 **Trust Fund Contribution** Added to Fees

Yes No 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 30 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 O'GRADY, MICHAEL J., JR. 82 Street Address (P.O. Box Number is Not Acceptable) 1000 36TH STREET VERO BEACH FL 32960 83

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change ___ Addition 1.1 TITLE O'GRADY, MICHAEL J. ,JR. 1.2 NAME % 1000 36TH STREET STREET ADDRESS 1.3 STREET ADDRESS 329<u>60</u> VERO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition HARDEN, DIANE P NAME 2.2 NAME % 1000 36TH STREET STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 32960 2 4 CITY-ST-7IP DELETE TITLE 3.1 TITLE ☐ Change Addition DRURY, TIM NAME 3.2 NAME % 1000 36TH STREET STREET ADDRESS 3.3 STREET ADDRESS **VERO BEACH FL** CITY-ST-ZW 3.4. CITY-ST-ZIP DELETE ☐ Change TITLE 4.1 TITLE Addition EGAN, J.B., IN NAME 4 2 NAME 4631 9TH PLACE STREET ADDRESS 4.3 STREET ADDRESS **VERO BEACH FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE CARROL FRISCHKORN KOZIEL, GERARD J NAME 5.2 NAME 1000 36 ST STREET ADDRESS **5 3 STREET ADDRESS** 1000 34 ST **VERO BCH FL** FL 32960 CITY - ST - ZIP 5.4 City-St-ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

4/23/98

FILED

May 01 1998 8:00am

Secretary of State

7. Is this nonprofit corporation a homeowners association?

561-567-4311