NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N14650**

1. Corporation Name

## INDIAN RIVER HEALTH SERVICES CORPORATION

Principal Place of Business C/O MICHAEL J. O'GRADY. JR. 1000 36TH STREET

VERO BEACH FL 32960-4862

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

C/O MICHAEL J. O'GRADY. JR. 1000 36TH STREET VERO BEACH FL 32960-4862

## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90037 014 \*\*\*\*61.25



3. Date Incorporated or Qualifed

04/29/1986

4. FEI Number

| Suite, Apt.  | #, etc.                      | Suite, Apt. #, etc. |                    | 4. FEI Number  | Applied For                    |
|--|------------------------------|---------------------|--------------------|--|--------------------------------|
| 22   |                              | 27                  |                    | 65-0029298   | Not Applicable                 |
| City & Stat  | e                            | City & State        | W                  | 5. Certifcate of Status Desired                                    | \$8.75 Additional Fee Required |
| 23   | Country                      | Zip                 | Country            | & Floation Compaign Financing                                      | \$5.00 May Be                  |
| Zip  |                              | <b>├</b> ── '       | l                  | 6. Election Campaign Financing  Trust Fund Contribution            | Added to Fees                  |
| 24   | 25                           | 29 30               | L                  | 10. Name and Address of New Registered A                           |                                |
|  | 9. Name and Address of Curre | nt Registered Agent |                    | gv.i   |                                |
|  |                              |                     | 81 Name            | JEFFREY L. SUSI  |                                |
| O'GRADY, MICHAEL J., JR.   |                              |                     | 82 Street          | Address (P.O. Box Number is Not Acceptable)                        |                                |
| 1000 36TH STREET   |                              |                     |                    | 1000 36th St.  |                                |
| VERO BEACH FL 32960  |                              |                     | 83                 |  |                                |
| 12,10 52   |                              |                     | 54 67              |  | 85 Zip Code                    |
|  |                              |                     | 84 City            | Vero Beach FL  | 32960                          |
| 10 1 27 2500 Local State States the short appropriate this statement for the purpose of changing its registered  |                              |                     |                    |  |                                |
| office or registered agent. I am familiar with, and accept the obligations of Sections of 17.0502 and 617.0503, Florida Statutes, the advertisence of 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. |                              |                     |                    |  |                                |
| agent. I am familiar with, and accept the obligations at Section 617.0503, Florida Statutes.   |                              |                     |                    |  |                                |
| SIGNATURE  | 1 hellen                     | 1 Aug               |                    |  |                                |
| ·  |                              |                     |                    | required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 12                |
| 12.  |                              | ND DIRECTORS        | 13.                |  | ☐ Change ★ Addition            |
| TITLE  | D                            | K DELETE            | 1,1 TITLE          | Chairman/Director  | A Tradition                    |
| NAME   | O'GRADY, MICHAEL J. ,JR.     |                     | 1.2 NAME           | Florence Booms   |                                |
| STREET ADDRESS   |                              | ·                   | 1.3 STREET ADDRESS | 1000 36th St., Vero Beach, F                                       | 7 32060                        |
| CITY-ST-ZIP  | VERO BEACH FL 32960          | ***                 | 1.4 CITY-ST-ZIP    | 1000 Joth St., vero Beach, r                                       |                                |
| TITLE  | PD                           | <b>₾</b> DELETE     | 2.1 TITLE          | Vice Chairman/Director   | ☐ Change ☐ Addition            |
| NAME   | HARDEN, DIANE P              |                     | 2.2 NAME           | Judy Schanel   |                                |
| STREET ADDRESS   | AL ADDO DOTH CTDEET          |                     | 2.3 STREET ADDRESS |  | EI 32960                       |
|  | VERO BEACH FL 32960          |                     | 2. 4 CITY-ST-ZIP   | 1000 Join St., vero Beach,   | FE 32300                       |
| CITY-ST-ZIP<br>TITLE   | CD CD                        | K DELETE            | 3.1 TITLE          | 700  | ☐ Change ☐ Addition            |
|  | *=                           |                     | 3.2 NAME           | Secretary/Treasurer-Directo  | r                              |
| NAME   | EGAN, J.B., III              |                     |                    | Nick Samilo  |                                |
| STREET ADDRESS   | 1                            |                     | 3.3 STREET ADDRESS | 1000 36th St., Vero Beach,   | FL 34953                       |
| CITY-ST-ZIP  | VERO BEACH FL                |                     | 3.4. CITY-ST-ZIP   |  | ☐ Change ☐ Addition            |
| TITLE  | VD                           | X DELETE            | 4.1 TfTLE          |  | Criange   Addition             |
| NAME   | FRISCHKORN, CARROL           |                     | 4, 2 NAME          |  | İ                              |
| STREET ADDRESS   | 1000 36 ST                   |                     | 4.3 STREET ADDRESS | S  |                                |
| CITY-ST-ZIP  | VERO BCH FL 32960            |                     | 4.4 CITY-ST-ZIP    |  |                                |
| TITLE  |                              | ☐ DELETÉ            | 5.1 TITLE          |  | ☐ Change ☐ Addition            |
| NAME   |                              |                     | 5.2 NAME           |  |                                |
| STREET ADDRESS   | J                            |                     | 5.3 STREET ADDRESS | 3  |                                |
|  | [                            |                     | 5.4 CITY-ST-ZIP    |  |                                |
| CITY-ST-ZIP  |                              | DELETE              | 6.1 TITLE          |  | ☐ Change ☐ Addition            |
| TITLE  |                              | had brought in      | 6.2 NAME           |  |                                |
| NAME   | 1                            |                     | 1 -                |  | Ì                              |
| STREET ADDRESS   | i                            |                     | 6.3 STREET ADDRESS |  |                                |
|  |                              |                     | 64 CITY, ST. 7ID   | 1  |                                |

14. I hereby 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

4/15/99

(561) 567-4311

Applied For