2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State **DOCUMENT # N14650** 1. Entity Name INDIAN RIVER HEALTH SERVICES CORPORATION 05-14-2001 90010 024 ****61.25 Principal Place of Business Mailing Address 1000 36TH STREET 1000 36TH STREET VERO BEACH FL 32960-4862 VERO BEACH FL 32960-4862 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0029298 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SUSI, JEFFERY L **1000 36TH STREET** VERO BEACH FL 32960 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BOOMS, FLORENCE** NAME NAME STREET ADDRESS STREET ADDRESS % 1000 36TH STREET CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 VCD ☐ Change ☐ Addition TITLE ☐ Delete TITLE SCHANEL, JUDY NAME NAME STREET ADDRESS % 1000 36TH STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL 32960 TITLE ☐ Delete TITLE Change ☐ Addition SAMILO, NICK NAME NAME STREET ADDRESS 1000 36TH STREET STREET ADDRESS CITY-ST-7IP VERO BEACH FL 32960 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition FRISCHKORN, CARROL NAME NAME 1000 36 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BCH FL 32960 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

XXXXXXQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition