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FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUIRED

SIGNATURE:

May 29, 2002 8:00 am Secretary of State **DOCUMENT # N14650** 01-30-2002 90147 009 ****61.25 INDIAN RIVER HEALTH SERVICES CORPORATION Principal Place of Business Mailing Address 1000 36TH STREET 1000 38TH STREET VERO BEACH FL 32980-4862 VERO BEACH FL 32960-4882 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apl. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0029298 Not Applicable Ζip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SUSI, JEFFERY L 1000 36TH STREET VERO BEACH FL 32980 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Make Check Payable to Youst Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. C Deleta Jeffery L. Susi Director Change BOOMS, FLORENCE MARKE NULF 36th Street STREET ADDRESS 1% 1000 38TH STREET 1000 STREET ADDRESS CITY-ST-20 VERO BEACH FL 32980 CITY-SI-71P Beach FL MILE VCD Delete WILE NAME SCHANEL JUDY MANE STREET ACCRESS % 1000 38TH STREET STREET ADDRESS CITY-S1-2P VERO BEACH FL 32960 CITY-ST-70 TIFLE STD Delete DD F ☐ Change Addition SAMILO, NICK MAME NAME STREET ADDRESS **1000 38TH STREET** STREET ADDRESS VERO BEACH IT 32980 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FRISCHKORN, CARROL HAVE NAME STREET ADDRESS 1000 36 ST STREET ADDRESS CITY-ST-ZIP VERO BCH FL 32980 CITY-ST-ZIP TITLE ☐ Deicte IIDE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-SI-70 CITY-ST-ZIP RITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 12. I hereby certify that the information supplied with this filling 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 more updated out; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 51. Florida Statutes: any that in an address, with all other like empowered.

561-567-4311 (Ext 1100)