້ ~2ປີປ4 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2004 08:00 AM Secretary of State

DC	CI	11/	ΙFΝ	JT	#	VI 1	46	350

t Entity Nome

INDIAN RIVER HEALTH SERVICES CORPORATION



Principal Place of Business

Mailing Address

1000 36TH STREET

VERO BEACH, FL 32960-4862

the obligations of registered agent

1000 361H STREET VERO BEACH, FL 32960-4862



03172004 No Chg-NP

CR2E037 (10/03)

4. FEI Number	Applied For
65-0029298	 Not Applicable
5. Certdicate of Status Desired	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUSI, JEFFERY L
1000 36TH STREET
VERO BEACH, FL 32960
IN THIS SPACE

(NOTE: Registered Agent agridure required when romstaling) Signature: Typed or printed name of registered type is and tide if are building U00000095651 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 03/24/04-80043-008 61.25 Trust Fund Contribution Added to Fees Due by May 1, 2004 OFFICERS AND DIRECTORS 10. BHE CD NAME BOOMS, FLORENCE STREET ADDRESS % 1000 36TH STREET CHY SI ZIP VERO BEACH, FL 32960 NAME GARDNER, GREG STREET ADDRESS 1000 36TH STREET CITY ST ZIP VERO BEACH, FL 32960 RILL NAME SUSI, JEFFERY L STREET ADDRESS 1000 36TH STREET DO NOT WRITE CHY ST ZIP VERO BEACH, FL 32960 IN THIS SPACE MARTIN, CARL SHREET ADDRESS. 1000 36 ST CHY SE ZIP VERO BCH, FL 32960 HILL NAME STREET ADDRESS CHY SE ZE HILE NAME STREET ADDRESS CITY ST ZIF

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. I am familiar with, and accept

12. Thereby 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PEPEO OR PUNTED NAME OF SIGNING OFFICER OR DIRECTOR

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