2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N14650

1. Entity Name
INDIAN RIVER HEALTH SERVICES CORPORATION

Principal Place of Business	Mailing Address
1000 36TH STREET VERO BEACH, FL 32960-4862	1000 36TH STREET VERO BEACH, FL 32960-4862

DO NOT WRITE IN THIS SPACE

03172004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0029298

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 the obligations of registered agent

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000095651
03/24/04-80043-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BOOMS, FLORENCE
STREET ADDRESS	% 1000 36TH STREET
CITY ST ZIP	VERO BEACH, FL 32960
TITLE	VCD
NAME	GARDNER, GREG
STREET ADDRESS	1000 36TH STREET
CITY ST ZIP	VERO BEACH, FL 32960
TITLE	D
NAME	SUSI, JEFFERY L
STREET ADDRESS	1000 36TH STREET
CITY ST ZIP	VERO BEACH, FL 32960
TITLE	VD
NAME	MARTIN, CARL
STREET ADDRESS	1000 36 ST
CITY ST ZIP	VERO BCH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #