


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90089 012 \*\*\*\*61.25

**DOCUMENT # N14650**

1. Entity Name  
**INDIAN RIVER HEALTH SERVICES CORPORATION**



Principal Place of Business <b>1000 36TH STREET          VERO BEACH, FL 32960-4862</b>	Mailing Address <b>1000 36TH STREET          VERO BEACH, FL 32960-4862</b>
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**50011089**



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0029298</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (REG) (Registered Agent signature required when re-elected) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

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:** *Gregory Gardner* **GREGORY GARDNER** *1/12/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #