

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N14650 1. Entity Name INDIAN RIVER HEALTH SERVICES CORPORATION					
Principal Place of Business 1000 36TH STREET VERO BEACH, FL 32960-4862			Mailing Address 1000 36TH STREET VERO BEACH, FL 32960-4862		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02092006 Chg-NP CR2E037 (11/05)	
Zip Country		Zip Country		4. FEI Number 65-0029298	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SUSI, JEFFERY L 1000 36TH STREET VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ 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, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BOOMS, FLORENCE % 1000 36TH STREET VERO BEACH, FL 32960	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GARDNER, GREG 1000 36TH STREET VERO BEACH, FL 32960	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSI, JEFFERY L 1000 36TH STREET VERO BEACH, FL 32960	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, CARL 1000 36 ST VERO BCH, FL 32960	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			U000000475351 04/05/06-80012-004 61.25		
SIGNATURE: <u>GREG GARDNER</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/9/06 772-567-9311 Date Daytime Phone #		