2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

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

_	ANNUAL	KEPUKI			141		2000 00.	
DOCUMENT # N14650 1. Entity Name INDIAN RIVER HEALTH SERVICES CORPORATION						Secre	tary of St	ate
1000 36TH STREET 10		Mailing Address 1000 36TH STREET VERO BEACH, FL 32960-4862		1 FORTING 8 8 8 ROSA	BIBAR BARBI BINIA BBI	II DIBRA BURUK BARUK BURUK BURUK BU	ASTINIS AN INNES	
2. Principal Place of Business 3. M		. Mailing Address					-	
Suite, Apt. ₩, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02092006 C	hg-NP	CR2E037 (11/05)	
City & State		City & State		4. FEI Number 65-002929	98)+	ppiled For ot Applicable	
Zìp	Country	Zip	Çat	intry	5. Certificate of S	tatus Desired	☐ \$8.75 Ad Fee Require	
	6. Name and Address of Current Re	egistered Agent		Name	7. Name and Add	iress of New R	legistered Agent	
SUSI, JEFFERY L 1000 36TH STREET VERO BEACH, FL 32960					(P.O. Box Number is Not Acceptable)			
	he purpose of changing its		City			FL Zip Coo		
SIGNATURE Signature, typed or printed name of registered agent and title 1 applicable (NOTE. Registered Agent Filling Fee is \$61.25 Bue by May 1, 2006 Provided in the 1 applicable (NOTE. Registered Agent) Trust Fund Contribution.					when reinstating) \$5.00 May Be Added to Fees		DATE ake check payable t Ida Department of S	
10.	OFFICERS AND DIRE	CTORS	I tt.			: 15%	RS AND DIRECTORS IN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BOOMS, FLORENCE % 1000 36TH STREET VERO BEACH, FL 32960	☐ Defete	Trite Name Stree			UDBBBB	□ Change 0475351 -80012-004 6	Addition .
TITLE NAME STREET ADDRESS CATY-ST-ZEP	VCD GARDNER, GREG 1000 36TH STREET VERO BEACH, FL 32960	☐ Delote		5			☐ Change	□ Addillon
TITLE NAME STREET ADDRESS CITY-57-27P	D SUSI, JEFFERY L 1000 36TH STREET VERO BEACH, FL 32960	☐ Delete	•	i address St-zip			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, CARL 1000 36 ST VERO BCH, FL 32960	☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			Change	☐ Addition
TITLE HAME STREET ADDRESS CITY-ST-2IP		☐ Detete	CHTY-S	T ADDRESS ST-ZIP			☐ Change	☐ Addition
t2. I hereby of indicated of the cor	settily that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or one stackment with a eddress with	s filing does not quality for e and accurate and that m red to execute this report a	the exer y signatu is require	nptions contained in the shall have the said by Chapter 617.	n Chapter 119, Flori ame legal effect as il Florida Statutes; and	da Statutes. I for made under of I that my name	urther certily that the in ath; that I am an officer appears in Block 10 or	formation or director Block 11 if

3/¢/06 Date

772-567-*931)*Daydrive Phona #