2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N14650

1. Entity Name

INDIÁN 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

FILED Mar 05, 2007 8:00 am Secretary of State

03-05-2007 90071 031 ****61.25



02162007 No Chg-NP

CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

DO	NOT	WRITE
IN T	rhis	SPACE

	named entity submits this statement for the plons of registered agent.	ourpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE							
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financia Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
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		DO NOT WRITE				
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		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADORESS CITY-SI-ZIP							
12. I hereby	Certify that the information supplied with this f	iling does not qualify for the exem	otions co	intained in Chapter 11	9, Florida Statutes. I further certify that the information of as if made under eath; that I am an officer or director		

indicated on this report or supplemental report is to a end accurate and that my signature shall have the same legal effect as it made under out; 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.