2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Zip

DOCUMENT # **N14650**

INDIAN RIVER HEALTH SERVICES CORPORATION

Country

6. Name and Address of Current Registered Agent

|--|

May 07, 2003 8:00 am Secretary of State

Applied For Not Applicable

\$8.75 Additional

05-07-2003 90176 029 ****61.25

MONWELL (IE/LETT) OETHIC		7		
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	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	 ☐ CHECK HERE IF MAK		
City & State	City & State	 4. FEI Number 65-0029298	A	

Fee Required 7. Name and Address of New Registered Agent

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

	<u>.</u>		
City	FI	L	Zip Code

5. Certificate of Status Desired

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.

Country

SIGNATURE

Zip

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Street Address (P.O. Box Number is Not Acceptable)

Make Check Payable to Elorida Department of State

					riorida Depai	unone or c	, tate			
10.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	CD	☐ Delete	TITLE			☐ Change	Addition			
NAME	BOOMS, FLORENCE		NAME							
STREET ADDRESS	% 1000 36TH STREET		STREET ADDRESS							
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP		•		J			
TITLE	VCD	Delete	TITLE	VCD		☐ Change	Addition			
NAME	SCHANEL, JUDY	•	NAME	GREG GARDNER						
STREET ADDRESS	% 1000 36TH STREET		STREET ADDRESS	1000 36 TH STREET	•		{			
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP	VERO BEACH FL	32960					
TITLE 🛰	D	☐ Delete	TITLE			☐ Change	Addition			
NAME	SUSI, JEFFERY L		NAME			_ •	_			
STREET ADDRESS	1000 36TH STREET		STREET ADDRESS	{			ĺ			
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP							
TITLE	VD	Delete	TITLE	VD		☐ Change	Addition			
NAME	FRISCHKORN, CARROL		NAME	CARL MARTIN			``			
STREET ADDRESS	1000 36 ST		STREET ADDRESS	1000 36TH ST						
CITY-ST-ZIP	VERO BCH FL 32960		CITY-ST-ZIP	VERO BEACH PL	32960					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition			
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP				_			
TITLE		☐ Delete	TITLE			☐ Change	Addition			
NAME			NAME							
STREET ADDRESS			STREET ADDRESS				{			
CITY-ST-ZIP			CITY-ST-ZIP							

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:

FRE REQ*GREGORY*

29-03

772-567-4311