

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

FILED
May 07, 2003 8:00 am
Secretary of State

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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0029298**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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) DATE _____

FILE NOW: FEE IS \$61.25

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 SCHANEL, JUDY % 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 FRISCHKORN, CARROL 1000 36 ST VERO BCH FL 32960	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GREG GARDNER 1000 36TH STREET VERO BEACH FL 32960	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARL MARTIN 1000 36TH ST VERO BEACH FL 32960	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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** 4-29-03 772-87-4311

CR2E037 (10/02)