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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:35

DOCUMENT # N44626 (2)

1. Corporation Name
INDIAN RIVER COLONY CLUB MEDICAL SERVICES AND FACILITIES, INCORPORATED

Principal Place of Business	Mailing Address
6205 MURRELL RD. MELBOURNE FL 32940	6205 MURRELL RD. MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1991
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-3084056 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 1700 FREEDOM DRIVE
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
HENNIG, GEORGE
6205 MURRELL RD.
MELBOURNE FL 32940

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	1.1 TITLE	PC	☒ Change ☐ Addition
NAME	MASTERSON, GORDON P	1.2 NAME	HENNIG, GEORGE R.	
STREET ADDRESS	607 RIVERSIDE DRIVE	1.3 STREET ADDRESS	1469 PATRIOT DRIVE	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	HENNIG, GEORGE	2.2 NAME	DRIESBACH, M. GENE	
STREET ADDRESS	1469 PATRIOT DR.	2.3 STREET ADDRESS	1390 INDEPENDENCE AVENUE	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	MCMAHON, WILLIAM	3.2 NAME		
STREET ADDRESS	1415 KITTY HAWK WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	ROSE, BOONE JR.	4.2 NAME	MADSEN, GUNNAR	
STREET ADDRESS	1663 PIONEER DRIVE	4.3 STREET ADDRESS	1275 MAYFLOWER AVENUE	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MAHER, JOHN	5.2 NAME	ERVIN, JOHN W.	
STREET ADDRESS	1609 PIONEER DRIVE	5.3 STREET ADDRESS	1600 PIONEER DR.	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	FRANK, KEITH	6.2 NAME		
STREET ADDRESS	1340 PILGRIM DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George R. Hennig January 25, 1995 (407) 255-6000
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE R. HENNIG

0038213

INDIAN RIVER COLONY CLUB MEDICAL SERVICES AND FACILITIES, INCORPORATED

12 CONT'D

7.1	TITLE	D	CHANGE
7.2	NAME	KJELLSTROM JOHN A.	
7.3	STREET ADDRESS	1622 INDEPENDENCE AVENUE	
7.4	CITY-ST-ZIP	MELBOURNE FL 32940	
8.1	TITLE	D	CHANGE
8.2	NAME	NEWELL HENRY C.	
8.3	STREET ADDRESS	975 MAYFLOWER AVENUE	
8.4	CITY-ST-ZIP	MELBOURNE FL 32940	
9.1	TITLE	D	CHANGE
9.2	NAME	AMAN, JR. WILLIAM G.	
9.3	STREET ADDRESS	1341 INDEPENDENCE AVENUE	
9.4	CITY-ST-ZIP	MELBOURNE FL 32940	
10.1	TITLE	D	CHANGE
10.2	NAME	STACKFLETH ELLIS L.	
10.3	STREET ADDRESS	1419 YORKTOWN COURT	
10-4	CITY-ST-ZIP	MELBOURNE FL 32940	