FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

N44626

(2)

INDIAN RIVER COLONY CLUB MEDICAL SERVICES AND FA

CILITIES, INCORPORATED											
Principal Place	of Business	Mailing Address	Mailing Address			i (80)(131 E11 BIBE 010	V 61110 ME1E V 1	1) QUQUI QUQUL Q	iğir ğiğili	årti Alti 168/	
1700 FREEDON MELBOURNE F		6205 MURRELL RD. MELBOURNE FL 32940									
US						3. Date Incorporated or 6 08/12/1991	Qualified	3a. Date 01	of Last I 1/30/19		
2. Principal Pla	ce of Business	2a. Mailing Address			Ì	4. FEI Number 59-3084056				Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite Apt. # etc.							Not Applicable Additional	
2	•	27				5. Certificate of Status D	esired	K		Required	
City & State		City & State				6. Election Campaign Fir	-		•	May Be	
3 Zip	Country	28	Cou	ntrv		8 This corporation has li				199 032	
4	25	29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					
	9. Name and Address of Current	Registered Agent				10. Name and Address		istered Ag	ent		
				81 Name	Cynt	hia A. Waybri	ght				
HENNIG, GEORGE											
6205 MURRELL RD. MELBOURNE FL 32940				83 620	05 Mu	Murrell Road					
				84 City	elbou	me		FL	85 Zic	2940	
11 Purcuant to	o the provisions of Sections 617 0502	and 617 1508 Florida Statut	es the abo	ve-named o	corporatio	on submits this statement t	or the purpo	se of chanc	ing its r	egistered office	
or registere	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid h, and accept the obligations of Specti	la. Such change was authoriz	ed by the	corporation's	s board c	of directors. I hereby accep	t the appoin	tment as re	gistered	agent. I am	
	n, and accept the doinganons of the circ		לאב	Cvnt	hia i	A. Waybright	3	14/9	6		
SIGNATURE _	Signature sysod or printed name of registered agent i	and file if applicable.	E Registered	Agent signature				DATE	_		
12.	OFFICERS AND		13.		·	ADDITIONS/CHANGE	S TO OFFIC				
11†LE	PC	DELETE	1.1 11		P				Change	Addition Addition	
NAME	HENNIG, GEORGE R.		1.2 N		Jan	es E. Ferguso	n				
STREET ADDRESS	1469 PATRIOT DRIVE			FREET ADDRESS	146	es E. Ferguso 9 Patriot Dri bourne, FL	ye 32040				
CITY-ST-ZIP	MELBOURNE FL	DELETE	1.4 C	TY-ST-ZIP	C	courne, ru	32340	730	Change	Addition	
TITLE NAME	VP	Checere	22 N		Hep	ry C. Newell Mayflower Av			07107190		
STREET ADDRESS	DRIESBACH, M. GENE 1390 INDEPENDENCE AVENU	E		TREET ADDRESS							
	MELBOURNE FL	C.		CITY-ST-ZIP	′∣мет	bourne, FL	32940				
CITY - ST - ZIP TITLE	ST	X) DELETE	31T	·· · · · · · · · · · · · · · · · · · ·	D				Change	Addition	
NAME	MCMAHON, WILLIAM	-	32 N	AME	Wil	liam Aman, Jr	•				
STREET ADDRESS	1415 KITTY HAWK WAY		335	TREET ADDRESS		1 Independenc					
CITY-ST-ZIP	MELBOURNE FL		34.0	CITY-ST-ZIP	Mel	bourne, FL	32940				
TITLE	D	X) DELETE	4.1 T	TLE	D				Change	Addition	
NAME	MADSEN, GUNNAR		4. 2 }			n Kjellstrom					
STREET ADDRESS	1275 MAYFLOWER AVENUE			TREET ADDRESS	162	2 Independenc	e Aveni 32940	ue			
CHTY-ST-ZIP	MELBOURNE FL			ITY - ST - ZIP	MeT	bourne, FL	32940	F-1	Change	X Addition	
TITLE	D	DELETE	5.17		pi~	hard B. Evans		لبا	Onange	TV HOUIDII	
NAME Oxers apopted	ERVIN, JOHN W.		5.2 N	ame Treet address		2 Patriot Dr.					
STREET ADDRESS	1600 PIONEER DR.			TREET AUDRESS ITY-ST-ZIP			32940				
CITY-ST-ZIP TITLE	MELBOURNE FL	DELĒTE	5.4 C		ST			X 2	Change	☐ Addition	
NAME	d Frank, Keith	L.d	6.2 N			thia A. Waybri	laht		-		
STREET ADDRESS	1348 PILGRIM DR.		1	TREET ADDRESS		Santa Martia					
OTY-ST-7P	MELBOURNE EL		640	ITY-ST-ZIP	Palı	m Bay, FL 37	2908				
14 Ldo borob	w cortify that the information supplied u	with this filing is voluntarily fun	nished and	does not a	ualify for t	the exemption stated in Se	ction 119.0	7(3)(k), Floric	la Statu	tes. I further	
oath: that	t the information indicated on this annu- l am an officer or director of the corpo Block 12 or Block 13 if changed, or o	ration or the receiver or truste	e empowe	is true and a red to exect	uccurate cute this r	and that my signature sha eport as required by Chap	ter 617, Flor	ida Statutes	; and the	at my name	

SIGNATURE

GNI URE AND TYPED OR PRINTED NAME OF SIGNING FICER OR DISCTOR

3/4/96 (407) 255 - 6006

CR2E037 (12/9)

D Ellis Stackfleth 1419 Yorktown Court Melbourne, FL 32940