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FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002206 (9)**

1. Corporation Name

INDIAN RIVER MEMORIAL HOSPITAL PHYSICIAN-HOSPITAL ORGANIZATION, INC.

Principal Place of Business

Mailing Address

**1000 36TH ST
VERO BEACH FL 32960**

**1000 36TH ST
VERO BEACH FL 32960**

3. Date Incorporated or Qualified

05/03/1995

4. FEI Number

59-2213622

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KOZIEL, GERARD J
1000 36TH ST
VERO BEACH FL 32960**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Michael J. O'Grady, Jr.

MICHAEL J. O'GRADY, JR.

4/23/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, EDWARD H.	
STREET ADDRESS	699 19TH ST.	
CITY - ST - ZIP	VERO BEACH FL 32960	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, GEORGE D.O.	
STREET ADDRESS	13855 US 1	
CITY - ST - ZIP	SEBASTIAN FL 32958	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERTOLETTE, RANDALL D MD	
STREET ADDRESS	3740 20TH ST	
CITY - ST - ZIP	VERO BEACH FL 32960	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLELLA, J. P. MD	
STREET ADDRESS	777 37TH ST	
CITY - ST - ZIP	VERO BEACH FL 32960	

TITLE	D	<input type="checkbox"/> DELETE
NAME	POSADA, HUMBERTO M.D.	
STREET ADDRESS	1000 36TH ST.	
CITY - ST - ZIP	VERO BEACH FL 32960	

TITLE	C/D	<input type="checkbox"/> DELETE
NAME	KENNEDY, ALASTAIR C MD	
STREET ADDRESS	1300 36TH ST	
CITY - ST - ZIP	VERO BEACH FL 32960	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIANE P. HARDEN	
1.3 STREET ADDRESS	1000 36 ST	
1.4 CITY - ST - ZIP	VERO BEACH, FL 32960	

2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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:

Michael J. O'Grady, Jr.

4/23/98

561-567-4311

CR2E037 (10/97)