FILE NOW: FI	LING FEE IS \$61.25		_ FIL	ED	N
NONPROFIT	FLORIDA DEPART	MENT OF STATE	May 08, 19 Secretary	999 8:0	0 am
CORPORATION	Katherine		Secretary	v of Sta	te [°]
	DIVISION OF CO		05-08-1999 9003		U U 15
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DOCUMENT # N9500					
Indian River Memorial Hospit L Organization, Inc.	'AL PHYSICIAN-HOSPITA		* 5 223147 ³ -90037	. 15 '	
Principal Place of Business	Mailing Address	_			
1000 36TH ST VERO BEACH FL 32960	1000 36TH ST VERO BEACH FL 32960				
2. Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 05/03/1995		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		4. FEI Number	Appl	lied For
22	27		59-2213622	Not	Applicable
City & State	City & State		5. Certifcate of Status Desired	\$0.73 Ad Fee Req	
23 Zip Country	Zip	Country	6. Election Campaign Financing	\$5.00 N	•
24 25		30	Trust Fund Contribution 10. Name and Address of New Regist	Added to	Fees
9. Name and Address of Curre	ant Registered Agent	81 Name		ered Agent	
Koziel, gerard j		82 Street Add	JEFFREY L. SUSI ress (P.O. Box Number is Not Acceptable)		
1000 36TH ST			1000 36th St.		
					1
VERO BEACH FL 32960		83			
		84 City	Vero Beach	FL 85 Zip Co 3296	50
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