

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002206

1. Corporation Name

INDIAN RIVER MEMORIAL HOSPITAL PHYSICIAN-HOSPITAL ORGANIZATION, INC.

Principal Place of Business

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

Mailing Address

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90037 015 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/03/1995

4. FEI Number

59-2213622

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

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

JEFFREY L. SUSI

82 Street Address (P.O. Box Number is Not Acceptable)

1000 36th St.

83

84 City

Vero Beach

FL

85 Zip Code
32960

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/99

DATE

12. OFFICERS AND DIRECTORS

DT ☒ DELETE
NAME **HARDEN, DIANE P**
STREET ADDRESS **1000 36 ST**
CITY-ST-ZIP **VERO BEACH FL 32960**

DS ☐ DELETE
NAME **MITCHELL, GEORGE D.O.**
STREET ADDRESS **13855 US 1**
CITY-ST-ZIP **SEBASTIAN FL 32958**

VCD ☐ DELETE
NAME **BERTOLETTE, RANDALL D MD**
STREET ADDRESS **3740 20TH ST**
CITY-ST-ZIP **VERO BEACH FL 32960**

D ☒ DELETE
NAME **COLLELLA, J. P. MD**
STREET ADDRESS **777 37TH ST**
CITY-ST-ZIP **VERO BEACH FL 32960**

D ☒ DELETE
NAME **POSADA, HUMBERTO M.D.**
STREET ADDRESS **1000 36TH ST.**
CITY-ST-ZIP **VERO BEACH FL 32960**

C/D ☐ 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

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

(561) 567-4311

Daytime Phone #

CR2E037 (11/98)