


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000002206</b> 1. Entity Name <b>INDIAN RIVER MEMORIAL HOSPITAL PHYSICIAN-HOSPITAL ORGANIZATION, INC.</b>	
---	---

Principal Place of Business <b>1000 36TH ST VERO BEACH, FL 32960</b>	Mailing Address <b>1000 36TH ST VERO BEACH, FL 32960</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2213622</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>SUSI, JEFFERY L 1000 36TH ST VERO BEACH, FL 32960</b>
---

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

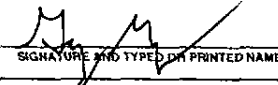
SIGNATURE: \_\_\_\_\_  
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000141642</b> <b>04/30/04-00019-011 61.25</b>
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>DS MITCHELL, GEORGE D.O. 13855 US 1 SEBASTIAN, FL 32958</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>VCD BERTOLETTE, RANDALL D MD 3740 20TH ST VERO BEACH, FL 32960</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>C/D KENNEDY, ALASTAIR C MD 1300 36TH ST VERO BEACH, FL 32960</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4-28-04</b> <small>Date</small>	<b>772-567-4311</b> <small>Telephone Number</small>
--	---------------------------------------	--