

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002206

1. Entity 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**



03092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2213622

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUSI, JEFFERY L
1000 36TH ST
VERO BEACH, FL 32960**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000475350

04/05/06 00012 000 01.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARDNER, GREGORY 1000 36TH ST VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BAGGETT, KATHLEEN MD 1325 36TH ST SUITE A VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D KENNEDY, ALASTAIR C MD 1300 36TH ST VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG GARDNER

3/9/06

Date

772-567-9311

Daytime Phone #