


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90534 039 ****61.25

DOCUMENT # N99000003595					
1. Entity Name INDIAN ROCKS MEDICAL CENTER, INC.					
Principal Place of Business 12685 ULMERTON ROAD SUITE 4-131 LARGO, FL 33774			Mailing Address 12685 ULMERTON ROAD SUITE 4-131 LARGO, FL 33774		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04282005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3587767				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERGUSON, TIMOTHY A 12685 ULMERTON ROAD SUITE 4-131 LARGO, FL 33774			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE DC NAME MARTIN, STEPHANIE STREET ADDRESS 11381 OAK LN. CITY-ST-ZIP LARGO, FL 33778	<input type="checkbox"/> Delete				
TITLE DS NAME JOHNSON, KARIN STREET ADDRESS 447 22ND ST. CITY-ST-ZIP BELLEAIR BEACH, FL 33786	<input type="checkbox"/> Delete				
TITLE D NAME HAYNES-EVANS, MELANIE STREET ADDRESS 9494 SILVERTHORN ROAD CITY-ST-ZIP LARGO, FL 33777	<input type="checkbox"/> Delete				
TITLE D NAME JANECKI, CHET STREET ADDRESS 8496 BARDMOOR PL CITY-ST-ZIP LARGO, FL 33777	<input type="checkbox"/> Delete				
TITLE T NAME JONES, KELLY STREET ADDRESS 1129 4TH AVE NW CITY-ST-ZIP LARGO, FL 33770	<input type="checkbox"/> Delete				
TITLE P NAME FERGUSON, TIMOTHY STREET ADDRESS 10392 136TH ST CITY-ST-ZIP LARGO, FL 33774	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.			SIGNATURE: <i>Kelly Jones</i> Kelly Jones 4/28/05 727-593-8733		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

50046212



ATTACHMENT
50046212

2005 ~~NOT-FOR-PROFIT~~ CORPORATION

DOCUMENT #N9000003595

INDIAN ROCKS MEDICAL CENTER INC

ADDITIONAL OFFICERS & DIRECTORS

V

CHARLIE MARTIN

11381 OAK LN

LARGO, FL 33778