


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90221 001 ****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		4. FEI Number 59-3587767		
Zip		Country		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, 2006		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, STEPHANIE			NAME		
STREET ADDRESS	11381 OAK LN.			STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33778			CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, KARIN			NAME		
STREET ADDRESS	447 22ND ST.			STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYNES-EVANS, MELANIE			NAME		
STREET ADDRESS	9494 SILVERTHORN ROAD			STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33777			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANECKI, CHET			NAME		
STREET ADDRESS	8496 BARDMOOR PL			STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33777			CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, KELLY			NAME		
STREET ADDRESS	1129 4TH AVE NW			STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33770			CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERGUSON, TIMOTHY			NAME		
STREET ADDRESS	10392 136TH ST			STREET ADDRESS	13364 93rd Ave	
CITY-ST-ZIP	LARGO, FL 33774			CITY-ST-ZIP	Seminole FL 33776	
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: <i>Kelly Jones</i> Kelly Jones				4/27/06 727-593-8733		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		

ATTACHMENT 40081750
N99000003595

2006 NOT-FOR-PROFIT CORPORATION
DOCUMENT #N99000003595
INDIAN ROCKS MEDICAL CENTER INC

ADDITIONAL OFFICERS & DIRECTORS

V
CHARLIE MARTIN
11381 OAK LN
LARGO, FL 33778