


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90030 036 \*\*\*\*61.25

<b>DOCUMENT # N99000003595</b> 1. Entity Name <b>INDIAN ROCKS MEDICAL CENTER, INC.</b>					
Principal Place of Business <b>12685 ULMERTON ROAD SUITE 4-131 LARGO, FL 33774</b>			Mailing Address <b>12685 ULMERTON ROAD SUITE 4-131 LARGO, FL 33774</b>		
2. Principal Place of Business - No P.O. Box # <b>12685 Ulmerton Rd</b> Suite, Apt. #, etc. <b>(no suite #)</b>		3. Mailing Address <b>12685 Ulmerton Rd</b> Suite, Apt. #, etc. <b>(no suite #)</b>		04302007 Chg-NP CR2E037 (12/06)	
City & State <b>Largo FL</b>		City & State <b>Largo FL</b>		4. FEI Number <b>59-3587767</b>	
Zip <b>33774</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERGUSON, TIMOTHY A 12685 ULMERTON ROAD SUITE 4-131 LARGO, FL 33774</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>(drop suite #)</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MARTIN, STEPHANIE 11381 OAK LN. LARGO, FL 33778 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON, KARIN 447 22ND ST. BELLEAIR BEACH, FL 33786 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES-EVANS, MELANIE 9494 SILVERTHORN ROAD LARGO, FL 33777 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANECKI, CHET 8496 BARDMOOR PL LARGO, FL 33777 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, KELLY 1129 4TH AVE NW LARGO, FL 33770 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERGUSON, TIMOTHY 13364 93RD AVE SEMINOLE, FL 33776 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Kelly Jones</u> <b>Kelly Jones</b>				<b>4/30/07 121-593-8733</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

ATTACHMENT  
40102365

2007 NOT-FOR-PROFIT CORPORATION  
DOCUMENT #N99000003595  
INDIAN ROCKS MEDICAL CENTER INC

ADDITIONAL OFFICERS & DIRECTORS

V  
MARTIN, CHARLIE  
11381 OAK LN  
LARGO, FL 33778

D  
BONHAM, CHRIS  
12175 119<sup>TH</sup> ST  
LARGO, FL 33778