



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90161 046 ****61.25

DOCUMENT # N99000003595 1. Entity Name INDIAN ROCKS MEDICAL CENTER, INC.					
Principal Place of Business 12685 ULMERTON ROAD LARGO, FL 33774			Mailing Address 12685 ULMERTON ROAD LARGO, FL 33774		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04302008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3587767	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FERGUSON, TIMOTHY A 12685 ULMERTON ROAD LARGO, FL 33774			7. Name and Address of New Registered Agent 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, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	DC MARTIN, STEPHANIE 11381 OAK LN. LARGO, FL 33778	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Harrell, Glenn 12685 Ulmerton Rd Largo FL 33774
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	12685 Ulmerton Rd Largo FL 33774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYNES-EVANS, MELANIE 9494 SILVERTHORN ROAD LARGO, FL 33777	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Diaz, Fernando 12685 Ulmerton Rd Largo FL 33774
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	12685 Ulmerton Rd Largo FL 33774
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	12685 Ulmerton Rd Largo FL 33774
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	12685 Ulmerton Rd Largo FL 33774
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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/30/08 727-543-8733 <small>Date Daytime Phone #</small>	

ATTACHMENT

40094479

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DOCUMENT #N99000003595
INDIAN ROCKS MEDICAL CENTER INC

Additions/Changes to Officers & Directors

V

MARTIN, CHARLIE
11381 OAK LN
LARGO, FL 33778

Delete

D

BONHAM, CHRIS
12175 119TH ST
LARGO, FL 33778

Change

12685-ULMERTON RD
LARGO, FL 33774

D

RUSSELL, TERRY
12685 ULMERTON RD
LARGO, FL 33774

Addition

D

LITTLE, JOHN
12685 ULMERTON RD
LARGO, FL 33774

Addition