

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90405 001 ***300.00

DOCUMENT # P05000139383

1. Entity Name

INDIAN RIVER INJURY & REHAB CENTER, P.A.



Principal Place of Business

1547 US HIGHWAY 1
VERO BEACH FL 32960

Mailing Address

1547 US HIGHWAY 1
VERO BEACH FL 32960



2. Principal Place of Business - No P.O. Box #

1800 Okeechobee Rd
Suite, Apt. #, etc.

3. Mailing Address

1800 Okeechobee Rd
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

4. FEI Number

01-0847263

Applied For

Not Applicable

Zip

34950

Country

USA

Zip

34950

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, D.C., KEITH
1547 US HIGHWAY 1
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

NATACHA GOURGUE

Street Address (P.O. Box Number is Not Acceptable)

1800 Okeechobee Rd

City

Fort Pierce

FL

Zip Code

34950

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 office, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/09/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME ARNOLD, KEITH
STREET ADDRESS 1547 US HIGHWAY 1
CITY- ST- ZIP VERO BEACH FL 32960 ☐ Delete

TITLE VP
NAME GOURGUE, NATACHA
STREET ADDRESS 1547 US HIGHWAY 1
CITY- ST- ZIP VERO BEACH FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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

Date

Daytime Phone #

04/09/07

(772)

466-1301