


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000062869**

1. Entity Name  
INDIAN RIVER MEDICAL OFFICE, P.A.



Principal Place of Business      Mailing Address

1901 JESS PARRISH COURT      1901 JESS PARRISH COURT  
TITUSVILLE, FL 32796      TITUSVILLE, FL 32796

**DO NOT WRITE IN THIS SPACE**



02082005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
59-3392581      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STADLER, RICHARD E ESQ  
1820 GARDEN STREET  
TITUSVILLE, FL 32796

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IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	OCHOA, ALUINO
STREET ADDRESS	1901 JESS PARRISH COURT
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	DST
NAME	OCHOA, KARIN
STREET ADDRESS	1901 JESS PARRISH COURT
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000291343  
4/07/05-80027-010 150.00

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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 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: Aluino Ochoa      4/4/05 3212676687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #