

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000062869

FILED
Mar 09, 2006
Secretary of State

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

Current Principal Place of Business:

1901 JESS PARRISH COURT
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

1901 JESS PARRISH COURT
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 59-3392581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OCHOA, ALUINO
Address: 1901 JESS PARRISH COURT
City-St-Zip: TITUSVILLE, FL 32796

Title: DST () Delete
Name: OCHOA, KARIN
Address: 1901 JESS PARRISH COURT
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: OCHOA, ALUINO
Address: 1901 JESS PARRISH COURT
City-St-Zip: TITUSVILLE, FL 32796

Title: DR (X) Change () Addition
Name: OCHOA, KARIN
Address: 1901 JESS PARRISH COURT
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALUINO OCHOA

DR

03/09/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date