

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000062869

FILED
May 07, 2009
Secretary of State

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

Current Principal Place of Business:

3300 DAIRY ROAD
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

3300 DAIRY ROAD
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: OCHOA, ALUINO
Address: 3300 DAIRY ROAD
City-St-Zip: TITUSVILLE, FL 32796

Title: DR () Delete
Name: OCHOA, KARIN
Address: 3300 DAIRY ROAD
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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, MD

CEO

05/07/2009

Electronic Signature of Signing Officer or Director

_____ Date