

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723106

**FILED**  
**Mar 14, 2017**  
**Secretary of State**  
**CC0943324075**

**Entity Name:** INDIAN RIVER HOSPITAL FOUNDATION, INC.

**Current Principal Place of Business:**

1000-36TH STREET  
VERO BEACH, FL 32960

**Current Mailing Address:**

1000-36TH STREET  
VERO BEACH, FL 32960

**FEI Number:** 59-0760215

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SUSI, JEFFREY L  
1000 36TH ST.  
VERO BEACH, FL 32960 US

*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

**Officer/Director Detail :**

Title CD  
Name WOODRUFF, ANTHONY C  
Address 320 PALMETTO POINT  
City-State-Zip: VERO BEACH FL 32963

Title VCD  
Name BAREFOOT , BRIAN M.  
Address 270 COCONUT PALM ROAD  
City-State-Zip: VERO BEACH FL 32963

Title M  
Name DONLAN, JAN  
Address 1000 36TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title TD  
Name ZIELSDORF, ROBERT L  
Address 300 SHORES DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title ASST. SECRETARY  
Name DALY, JAMES J  
Address 750 BEACH ROAD  
City-State-Zip: VERO BEACH FL 32963

Title VC  
Name SCULLY, WILLIAM P  
Address 1000-36TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title SECRETARY  
Name LAFAGE, JUDITH C  
Address 1000-36TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title ASST. SECRETARY  
Name BAUCHMAN, ROBERT W  
Address 1000-36TH STREET  
City-State-Zip: VERO BEACH FL 32960

**Continues on page 2**

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JANICE DONLAN

**PRESIDENT**

**03/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name TANSILL, DOUGLAS T  
Address 1000-36TH STREET  
City-State-Zip: VERO BEACH FL 32960