

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723106

FILED
Feb 28, 2013
Secretary of State
CC0963497091

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 ROGERS, CLARENCE BJR
Address 381 INDIAN HARBOR RD
City-State-Zip: VERO BEACH FL 32963

Title VCD
Name ROLF, RANDOLF K
Address 54 DOVE PLUM 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 BARRETT, ROBERT G
Address 777 SEA OAKS DRIVE #713
City-State-Zip: VERO BEACH FL 32963

Title SD
Name MCCONNELL, JOHN JR
Address 715 SANDFLY LANE
City-State-Zip: VERO BEACH FL 32963

Title VCD
Name SHERIDAN, CHAMPLIN R
Address 150 SEASPRAY LANE
City-State-Zip: VERO BEACH FL 32963

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

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: JAN DONLAN

PRESIDENT

02/28/2013

Electronic Signature of Signing Officer/Director Detail

Date