

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007830

Entity Name: INDIAN RIVER COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

1062 PHELPS STREET
SEBASTIAN, FL 32958

Current Mailing Address:

PO BOX 573
VERO BEACH, FL 32961

FEI Number: 65-1150062

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STUVEN, SHELLEY
1062 PHELPS STREET
SEBASTIAN, FL 32958 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 PAST PRESIDENT
Name WELTON, LAURIE A DR.
Address 3735 11TH CIRCLE
SUITE 201
City-State-Zip: VERO BEACH FL 32960

Title PRESIDENT
Name PETER, ARLEY DR.
Address 787 37TH STREET
SUITE E260
City-State-Zip: VERO BEACH FL 32960

Title TREASURER
Name SHAPIRO, GEORGIA DANIELLA
Address 1460 36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title EXECUTIVE DIRECTOR
Name STUVEN, SHELLEY R
Address PO BOX 573
City-State-Zip: VERO BEACH FL 32961

Title SECRETARY
Name MALDONADO, DIEGO DR.
Address 1155 35TH LANE
SUITE 201
City-State-Zip: VERO BEACH FL 32960

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: SHELLEY STUVEN

REGISTERED AGENT

04/30/2020

Electronic Signature of Signing Officer/Director Detail

Date