**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 28, 2016**
**Secretary of State**
**CC2687733520**

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 | VP |
| Name | WELTON, LAURIE A DR. |
| Address | 3735 11TH CIRCLE<br>SUITE 201 |
| City-State-Zip: | VERO BEACH FL 32960 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | CORDNER, HAROLD DR. |
| Address | 13405 US HWY 1<br>SUITE 8C |
| City-State-Zip: | SEBASTIAN FL 32958 |

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

| | |
|---|---|
| Title | SECRETARY |
| Name | SHAFER, JAMES DR. |
| Address | 1155 35TH LANE<br>SUITE 100 |
| City-State-Zip: | VERO BEACH FL 32960 |

| | |
|---|---|
| Title | TREASURER |
| Name | PETER, ARLEY DR. |
| Address | 787 37TH STREET<br>SUITE E140 |
| 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 — EXECUTIVE DIRECTOR — 04/28/2016

Electronic Signature of Signing Officer/Director Detail — Date