2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2020
Secretary of State
3903086723CC

DOCUMENT# N06560

Entity Name: INDIAN RIVER MEMORIAL HOSPITAL, INC.

Current Principal Place of Business:

1000 36TH ST
VERO BEACH, FL 32960

Current Mailing Address:

1000 36TH ST
VERO BEACH, FL 32960

FEI Number: 59-2496294

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT & DIRECTOR
Name	ROSENCRANCE, J. GREGORY MD, FACP
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	VC & DIRECTOR
Name	HAMMES, MICHAEL J.
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	TREASURER, CFO & DIRECTOR
Name	GLASS, STEVEN C.
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	CAO & CONTROLLER
Name	LONGVILLE, TIMOTHY L
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	CHAIRMAN & DIRECTOR
Name	HOCKMEYER, WAYNE PHD
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	SECRETARY & DIRECTOR
Name	ROWAN, DAVID W. ESQ.
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	ASST. SECRETARY
Name	OBLANDER, JASON ESQ.
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	ASST. TREASURER
Name	MOEHRING, MICHAEL
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

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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: J. GREGORY ROSENCRANCE MD PRESIDENT 06/29/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	IANNOTTI, JOSEPH MD
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	WOODRUFF, ANTHONY "TONY" C
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	REISER, MATTHEW
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	RAMDEV, PRANAY MD
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	BERAN, JOSETTE
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	PEACOCK, WILLIAM
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	LOMAX-HOMIER, JULIETTE MD
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	CUNNINGHAM, MARYBETH
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	BROWN, HAL MD
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	BARSOUM, WAEL MD
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	DELGADO, OZZIE
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	BLANDON MD, RODOLFO DR
Address	1000 36TH ST
City-State-Zip:	VERO BEACH FL 32960