

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:

DAVIS, KAREN
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: KAREN DAVIS

03/15/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name DAVIS, KAREN
Address 1000 36TH ST.
City-State-Zip: VERO BEACH FL 32960

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

Title VC
Name PASTOR, JOHN
Address 1000 36TH ST.
City-State-Zip: VERO BEACH FL 32960

Title SVP
Name EIGHMY, GEORGE
Address 1000 36TH ST
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: KAREN DAVIS

PRESIDENT

03/15/2018

Electronic Signature of Signing Officer/Director Detail

Date