

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N14650

Entity Name: INDIAN RIVER HEALTH SERVICES INC

Current Principal Place of Business:

2950 CLEVELAND CLINIC BLVD
WESTON, FL 33331

Current Mailing Address:

2950 CLEVELAND CLINIC BLVD
WESTON, FL 33331 US

FEI Number: 65-0029298

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 SECRETARY, DIRECTOR
Name DEL CASTILLO, ESQ., BARBARA
Address 2950 CLEVELAND CLINIC BLVD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name CATO, DAVID
Address 2950 CLEVELAND CLINIC BLVD
City-State-Zip: WESTON FL 33331

Title DIRECTOR, VP
Name GREENWOOD, ALEXANDER
Address 2950 CLEVELAND CLINIC BLVD
City-State-Zip: WESTON FL 33331

Title DIRECTOR, PRESIDENT
Name PETER, M.D., DAVID
Address 2950 CLEVELAND CLINIC BLVD
City-State-Zip: WESTON FL 33331

Title DIRECTOR, CFO, FLORIDA
Name ROCHESTER, DHA, CPA, FACH ,
CHARMAINE
Address 2950 CLEVELAND CLINIC BLVD
City-State-Zip: WESTON FL 33331

Title CFO, CCF AND TREASURER
Name LARAWAY, DENNIS L.
Address 2950 CLEVELAND CLINIC BLVD
City-State-Zip: WESTON FL 33331

Title CHIEF ACCOUNTING OFFICER AND
CONTROLLER
Name LONGVILLE, TIMOTHY L.
Address 2950 CLEVELAND CLINIC BLVD
City-State-Zip: WESTON FL 33331

Title ASSISTANT SECRETARY
Name OBLANDER, R. JASON
Address 2950 CLEVELAND CLINIC BLVD
City-State-Zip: WESTON FL 33331

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: DEL CASTILLO, ESQ. , BARBARA

SECRETARY

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date