2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14650

Entity Name: INDIAN RIVER HEALTH SERVICES INC

Current Principal Place of Business:

1000 36TH STREET VERO BEACH, FL 32960

Current Mailing Address:

1000 36TH STREET

VERO BEACH, FL 32960 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

FILED Apr 19, 2024

Secretary of State

3706419221CC

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name PETER, DAVID M.D. Name ROCHESTER, CHARMAINE

DHA,CPA,FACH

Address 1000 36TH STREET Address 1000 36TH STREET

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title SECRETARY

Name DEL CASTILLO, BARBARA ESQ.

Address 1000 36TH STREET Name PETER, DAVID M.D.

Address 1000 36TH STREET

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title VP

Title CFO, CCF AND TREASURER
Name GREENWOOD, ALEXANDER

Address 1000 36TH STREET Address 1000 36TH STREET Address 1000 36TH STREET

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title CFO, FLORIDA Title CHIEF ACCOUNTING OFFICER AND

Name ROCHESTER, CHARMAINE CONTROLLER

DHA,CPA,FACH Name LONGVILLE, TIMOTHY L.

Address 1000 36TH STREET Address 1000 36TH STREET

City-State-Zip: VERO BEACH FL 32960 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: BARBARA DEL CASTILLO ESQ. SECRETARY 04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleDIRECTORTitleASSISTANT SECRETARYNameDEL CASTILLO, BARBARA ESQ.NameOBLANDER, R. JASON

Address 1000 36TH STREET Address 1000 36TH STREET

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR Title DIRECTOR

Name CATO, DAVID Name GREENWOOD, ALEXANDER

Address 1000 36TH STREET Address 1000 36TH STREET

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960