2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2024
Secretary of State
3706419221CC

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

Officer/Director Detail :

Title	DIRECTOR
Name	PETER, DAVID M.D.
Address	1000 36TH STREET
City-State-Zip:	VERO BEACH FL 32960

Title	SECRETARY
Name	DEL CASTILLO, BARBARA ESQ.
Address	1000 36TH STREET
City-State-Zip:	VERO BEACH FL 32960

Title	VP
Name	GREENWOOD, ALEXANDER
Address	1000 36TH STREET
City-State-Zip:	VERO BEACH FL 32960

Title	CFO, FLORIDA
Name	ROCHESTER, CHARMAINE DHA,CPA,FACH
Address	1000 36TH STREET
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	ROCHESTER, CHARMAINE DHA,CPA,FACH
Address	1000 36TH STREET
City-State-Zip:	VERO BEACH FL 32960

Title	PRESIDENT
Name	PETER, DAVID M.D.
Address	1000 36TH STREET
City-State-Zip:	VERO BEACH FL 32960

Title	CFO, CCF AND TREASURER
Name	LARAWAY, DENNIS
Address	1000 36TH STREET
City-State-Zip:	VERO BEACH FL 32960

Title	CHIEF ACCOUNTING OFFICER AND CONTROLLER
Name	LONGVILLE, TIMOTHY L.
Address	1000 36TH STREET
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 :

Title	DIRECTOR
Name	DEL CASTILLO, BARBARA ESQ.
Address	1000 36TH STREET
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	CATO, DAVID
Address	1000 36TH STREET
City-State-Zip:	VERO BEACH FL 32960

Title	ASSISTANT SECRETARY
Name	OBLANDER, R. JASON
Address	1000 36TH STREET
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	GREENWOOD, ALEXANDER
Address	1000 36TH STREET
City-State-Zip:	VERO BEACH FL 32960