2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2022
Secretary of State
8256409192CC

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	PRESIDENT & DIRECTOR
Name	ROSENCRANCE, J. GREGORY MD FACP
Address	1000 36TH STREET
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	PETER, DAVID MD MBA FACEP
Address	1000 36TH STREET
City-State-Zip:	VERO BEACH FL 32960

Title	ASST. TREASURER
Name	LONGVILLE, TIMOTHY
Address	9500 EUCLID AVENUE MAIL CODE NA4
City-State-Zip:	CLEVELAND OH 44195

Title	ASSISTANT SECRETARY
Name	OBLANDER, JASON
Address	9500 EUCLID AVENUE, MAIL CODE NA-4
City-State-Zip:	CLEVELAND OH 44195

Title	TREASURER
Name	GLASS, STEVEN C.
Address	9500 EUCLID AVENUE MAIL CODE NA4
City-State-Zip:	CLEVELAND OH 44195

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

Title	SECRETARY
Name	DEL CASTILLO, BARBARA
Address	2950 CLEVELAND CLINIC BOULEVARD
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: BARBARA DEL CASTILLO SECRETARY 05/01/2022

Electronic Signature of Signing Officer/Director Detail — Date