

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N14650

**Mar 28, 2025**

**Entity Name:** INDIAN RIVER HEALTH SERVICES INC

**Secretary of State**

**0411284135CC**

**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 DIRECTOR  
Name ROCHESTER, CHARMAINE  
DHA,CPA,FACH  
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 PRESIDENT  
Name PETER, DAVID M.D.  
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, CCF AND TREASURER  
Name LARAWAY, DENNIS  
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 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**

**03/28/2025**

\_\_\_\_\_  
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