

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14650

FILED
Apr 30, 2021
Secretary of State
6143408587CC

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

Title SECRETARY
Name ROWAN, DAVID W.
Address 9500 EUCLID AVENUE
 MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

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

Title DIRECTOR
Name TURNER, RALPH D.
 DBA,MSHA,MPA,FACHE
Address 1000 36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name IANNOTTI, JOSEPH MD PHD
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 TREASURER
Name AGBA, C. OKEY
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: DAVID ROWAN

SECRETARY

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name DEL CASTILLO, BARBARA
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

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