

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14650

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**8967616220CC**

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

**Current Principal Place of Business:**

1000 36TH STREET  
VERO BEACH, FL 32960

**Current Mailing Address:**

1000 36TH STREET  
VERO BEACH, FL 32960

**FEI Number:** 65-0029298

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIS, KAREN  
1000 36TH STREET  
VERO BEACH, FL 32960 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:** KAREN DAVIS

04/30/2019

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 & DIRECTOR  
Name            EIGHMY, GEORGE  
Address        1000 36TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title            SECRETARY  
Name            LARCOMBE, VALERIE G.  
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            DIRECTOR  
Name            TURNER, RALPH D.  
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

*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:** VALERIE G. LARCOMBE

**SECRETARY**

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date