

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000062869

Entity Name: INDIAN RIVER MEDICAL OFFICE, P.A.

Current Principal Place of Business:

3300 DAIRY ROAD
TITUSVILLE, FL 32796

Current Mailing Address:

3300 DAIRY ROAD
TITUSVILLE, FL 32796

FEI Number: 59-3392581

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRIS, ELIZABETH
4258 STERLING
MIMS, FL 32754 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: ELIZABETH HARRIS

04/08/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|---------------------|-----------------|---------------------|
| Title | DR | Title | DR |
| Name | OCHOA, ALUINO | Name | OCHOA, KARIN |
| Address | 3300 DAIRY ROAD | Address | 3300 DAIRY ROAD |
| City-State-Zip: | TITUSVILLE FL 32796 | City-State-Zip: | TITUSVILLE FL 32796 |

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALUINO OCHOA MD

CEO

04/08/2017

Electronic Signature of Signing Officer/Director Detail

Date