

**2023 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:**

CANTWELL & GOLDMAN, P.A.,  
96 WILLARD ST  
SUITE 302  
COCOA, FL 32922 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:** MATTHEW J. MONAGHAN

06/27/2023

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

06/27/2023

Electronic Signature of Signing Officer/Director Detail

Date