

**2015 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

04/05/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DR  
Name OCHOA, KARIN  
Address 3300 DAIRY ROAD  
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

CEO

04/05/2015

Electronic Signature of Signing Officer/Director Detail

Date