

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007975

1. Entity Name

THE FRIENDS OF VOLUNTEERS IN MEDICINE CLINIC, IN
C.

Principal Place of Business

Mailing Address

417 BALBOA AVENUE
STUART FL 34994

417 BALBOA AVENUE
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1064420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLASS, DOROTHEA M.D.
417 BALBOA AVENUE
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Dorothea D. Glass M.D.

(NOTE: Registered Agent signature required when reinstating)

4-19-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD
NAME GLASS, DOROTHEA M.D. ☐ Delete
STREET ADDRESS 417 BALBOA AVENUE
CITY-ST-ZIP STUART FL 34994

TITLE DS
NAME TOZZO, BILL MD ☒ Change ☐ Addition
STREET ADDRESS 417 BALBOA AVE
CITY-ST-ZIP STUART, FL 34994

TITLE PD
NAME VOSS, HOWARD E M.D. ☐ Delete
STREET ADDRESS 417 BALBOA AVENUE
CITY-ST-ZIP STUART FL 34994

TITLE D
NAME DAVID WALKER, ESQ. ☐ Change ☒ Addition
STREET ADDRESS 417 BALBOA AVENUE
CITY-ST-ZIP STUART, FL 34994

TITLE SD
NAME CARTER, FRED M.D. ☒ Delete
STREET ADDRESS 417 BALBOA AVENUE
CITY-ST-ZIP STUART FL 34994

TITLE D
NAME WILLIAM BAGWOOD, MD ☐ Change ☒ Addition
STREET ADDRESS 417 BALBOA AVENUE
CITY-ST-ZIP STUART, FL 34994

TITLE TD
NAME CLEAVER, CHARLES ☐ Delete
STREET ADDRESS 417 BALBOA AVENUE
CITY-ST-ZIP STUART FL 34994

TITLE D
NAME NANCY SMITH ☐ Change ☒ Addition
STREET ADDRESS 417 BALBOA AVENUE
CITY-ST-ZIP STUART, FL 34994

TITLE D
NAME TOZZO, BILL MD ☐ Delete
STREET ADDRESS 417 BALBOA AVENUE
CITY-ST-ZIP STUART FL 34994

TITLE D
NAME GRACE HALL RN ☐ Change ☒ Addition
STREET ADDRESS 417 BALBOA AVENUE
CITY-ST-ZIP STUART, FL 34994

TITLE D
NAME AUSTIN, PAT ☐ Delete
STREET ADDRESS 417 BALBOA AVENUE
CITY-ST-ZIP STUART FL 34994

TITLE D
NAME BETTY PATERSON ☐ Change ☒ Addition
STREET ADDRESS 417 BALBOA AVENUE
CITY-ST-ZIP STUART, FL 34994

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles R. Cleaver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

772-463-4128

Date

Daytime Phone #

CR2E037 (9/01)