

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007975

**Entity Name:** THE FRIENDS OF VOLUNTEERS IN MEDICINE CLINIC, INC.

**Current Principal Place of Business:**

417 SE BALBOA AVENUE  
STUART, FL 34994

**FILED**  
**Jan 20, 2023**  
**Secretary of State**  
**4674517944CC**

**Current Mailing Address:**

417 SE BALBOA AVENUE  
STUART, FL 34994 US

**FEI Number: 65-1064420**

**Certificate of Status Desired: No**

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

CLEAVER, CHARLES  
417 SE BALBOA AVENUE  
STUART, FL 34994 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:** CHARLES CLEAVER

01/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name STEINHAUER, IVINS  
Address 417 SE BALBOA AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name COCORULLO, LOUIS MARK  
Address 417 SE BALBOA AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name CLEAVER, CHARLES  
Address 417 SE BALBOA AVENUE  
City-State-Zip: STUART FL 34994

Title SECRETARY  
Name ETTARI, MARY  
Address 417 SE BALBOA AVENUE  
City-State-Zip: STUART FL 34994

Title TREASURER  
Name CEA, ROBERT  
Address 417 SE BALBOA AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name BROMBERG, JORDAN  
Address 417 SE BALBOA AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name CONRADES, PATRICIA  
Address 417 SE BALBOA AVENUE  
City-State-Zip: STUART FL 34994

Title BOARD EMERITUS  
Name FIELD, RICHARD  
Address 417 SE BALBOA AVENUE  
City-State-Zip: STUART FL 34994

**Continues on page 2**

*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:** CHARLES CLEAVER

**DIRECTOR**

01/20/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SABOL, STUART  
Address 417 SE BALBOA AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name ROBBINS, HOWARD  
Address 417 SE BALBOA AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name EVANS, JOHN MICHAEL  
Address 417 SE BALBOA AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name POWELL, JUDITH  
Address 417 SE BALBOA AVENUE  
City-State-Zip: STUART FL 34994

Title PRESIDENT  
Name BYERS, FRANK M JR.  
Address 417 SE BALBOA AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name SINGH, RISHI  
Address 417 SE BALBOA AVENUE  
City-State-Zip: STUART FL 34994