

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90738 024 \*\*\*\*61.25

**DOCUMENT # N10551**

1. Entity Name

**INTRACOASTAL HEALTH CORPORATION**

Principal Place of Business

Mailing Address

**1309 N FLAGLER DR  
 WEST PALM BEACH FL 33402  
 US**

**1309 N FLAGLER DR  
 WEST PALM BEACH FL 33402  
 US**

2. Principal Place of Business

3. Mailing Address

**1401 FORUM WAY**

**1401 FORUM WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 101**

**SUITE 101**

City & State

City & State

**WEST PALM BEACH, FL**

**WEST PALM BEACH, FL**

Zip

Country

Zip

Country

**33401**

**33401**

6. Name and Address of Current Registered Agent

4. FEI Number

**65-0278388**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

7. Name and Address of New Registered Agent

Name

**DALE S. WEBBER**

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

**401 E. JACKSON ST.**

**SUITE 2500**

City

**TAMPA**

**FL**

Zip Code

**33602**

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

*Dale S. Webber*

**5/13/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **S** ☒ Delete  
 NAME **LARCOMBE, VALERIE GOODWIN**  
 STREET ADDRESS **777 SOUTH FLAGLER DRIVE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33402**

TITLE **CD** ☐ Change ☒ Addition  
 NAME **DANIEL F. RUSSELL**  
 STREET ADDRESS **1401 FORUM WAY, SUITE 101**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **TD** ☒ Delete  
 NAME **LOSCALZO, MICHAEL**  
 STREET ADDRESS **1309 N FLAGLER DR**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **STD** ☐ Change ☒ Addition  
 NAME **C. KENT RUSSELL**  
 STREET ADDRESS **1401 FORUM WAY, SUITE 101**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **CPD** ☐ Delete  
 NAME **STANEK, ROBERT**  
 STREET ADDRESS **1309 N FLAGLER DR**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **ROBERT V. STANEK**  
 STREET ADDRESS **1401 FORUM WAY,, SUITE 101**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D** ☒ Delete  
 NAME **ESHAK, KENNETH**  
 STREET ADDRESS **1309 N FLAGLER DR**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **WILLIAM BRICKER**  
 STREET ADDRESS **1401 FORUM WAY, SUITE 101**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*William Bricker*

**5/20/02**

**561-686-0769**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)