

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90133 018 \*\*\*\*61.25

**DOCUMENT # N10551**

1. Entity Name  
**INTRACOASTAL HEALTH CORPORATION**



Principal Place of Business

**1401 FORUM WAY STE 101  
WEST PALM BEACH FL 33401  
US**

Mailing Address

**1401 FORUM WAY STE 101  
WEST PALM BEACH FL 33401  
US**

2. Principal Place of Business

**1645 Palm Beach Lakes Blvd.  
Suite, Apt. #, etc.  
440**

3. Mailing Address

**1645 Palm Beach Lakes Blvd.  
Suite, Apt. #, etc.  
440**

City & State

**West Palm Beach, FL**

City & State

**West Palm Beach, FL**

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0278388**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WEBBER, DALE S  
401E JACKSON ST STE 2500  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD RUSSELL, DANIEL F 1401 FORUM WAY, STE 101 WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD RUSSELL, C. KENT 1401 FORUM WAY, STE 101 WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STANEK, ROBERT 1401 FORUM WAY, STE 101 WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BRICKER, WILLIAM 1401 FORUM WAY, STE 101 WEST PALM BEACH FL 33401</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD Russell, Daniel F. 1645 Palm Beach Lakes Blvd., Ste. 440 West Palm Beach, FL 33401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD Russell, C. Kent 1645 Palm Beach Lakes Blvd., Ste. 440 West Palm Beach, FL 33401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Staneck, Robert V. 1645 Palm Beach Lakes Blvd., Suite 440 West Palm Beach, FL 33401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**

**Robert V. Staneck 26863 (561) 686-0769**

CR2E037 (10/02)