

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

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

03-11-2003 90133 023 ****61.25

DOCUMENT # N94000004613

1. Entity Name

INTRACOASTAL HEALTH SYSTEMS, INC.



Principal Place of Business

**1401 FORUM WAY
SUITE 101
WEST PALM BEACH FL 33401**

Mailing Address

**1401 FORUM WAY
SUITE 101
WEST PALM BEACH FL 33401**

2. Principal Place of Business

1645 Palm Beach Lakes Blvd.

3. Mailing Address

1645 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

440

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 **65-0556413**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE REQUIRED Robert V. Stanek 2/28/03 (561) 686-0769

CR2E037 (10/02)