

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90083 007 ***150.00

DOCUMENT # P01000048956

1. Entity Name

INDIAN RIVER URGENT CARE, INC.

Principal Place of Business

756 BEACHLAND BLVD
 VERO BEACH FL 32963

Mailing Address

756 BEACHLAND BLVD
 VERO BEACH FL 32963

2. Principal Place of Business

3790 7th TERRACE

3. Mailing Address

3790 7th TERRACE

Suite, Apt., etc.

Suite 202

Suite, Apt., etc.

Suite 202

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32960

Country

USA

Zip

32960

Country

USA

DO NOT WRITE IN THIS SPACE



4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GARAVAGLIA, MICHAEL J
 756 BEACHLAND BLVD
 VERO BEACH FL 32963

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.

SIGNATURE

Michael J. Garavaglia

4/22/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☒ Delete
 NAME D
 STREET ADDRESS GARAVAGLIA, MICHAEL J
 CITY-ST-ZIP 756 BEACHLAND BLVD
 VERO BEACH FL 32963

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME President
 STREET ADDRESS CURTIS DASHLEY
 CITY-ST-ZIP 3790 7th Terrace, Suite 202
 VERO BEACH, Florida 32960

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael J. Garavaglia **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

561-794-2222

Date

Daytime Phone #

CR2E034(9/01)