

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16 1997 8:00am
Secretary of State

DOCUMENT # P93000087288 (5)

1. Corporation Name
PRIMARY CARE OF THE TREASURE COAST, INC.



Principal Place of Business

% DENNIS F. SAVER, M.D.
777 37TH STREET, SUITE D-103
VERO BEACH FL 32960

Mailing Address

P.O. BOX 5409
VERO BEACH FL 32961-5409
US

3. Date Incorporated or Qualified 12/17/1993
3a. Date of Last Report 04/26/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0457414		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		30 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SAVER, DENNIS F M.D.
777 37TH STREET
SUITE D-103
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATAMER, EROL R M.D.	1.2 NAME	
STREET ADDRESS	777 37TH STREET, SUITE D-104	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, HAL W M.D.	2.2 NAME	
STREET ADDRESS	777 37TH STREET, SUITE A-107	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANAKOS, WILLIAM G M.D.	3.2 NAME	
STREET ADDRESS	777 37TH STREET, SUITE A-107	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVER, DENNIS F M.D.	4.2 NAME	
STREET ADDRESS	777 37TH STREET, SUITE D-103	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, SAMUEL M	5.2 NAME	
STREET ADDRESS	777 37TH ST., SUITE D-103	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULRICH, GUY T M.D.	6.2 NAME	
STREET ADDRESS	777 37TH STREET, SUITE D-104	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3-7-97 5615672005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)