

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000087288 (5)
1. Corporation Name
PRIMARY CARE OF THE TREASURE COAST, INC.

Principal Place of Business
1265 36TH STREET
VERO BEACH FL 32960

Mailing Address
P.O. BOX 5409
VERO BEACH FL 32960
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1993	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0457414	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent SAVER, DENNIS F M.D. 777 37TH STREET SUITE D-103 VERO BEACH FL 32960		30. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable) 1265 36th St.	
				83. City	
				84. City	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

Signature typed in pencil of new chief registered agent and filed if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SEC	1.1 TITLE	VP
NAME	ATAMER, EROL R M.D.	1.2 NAME	Atamer, Erol R MD
STREET ADDRESS	777 37TH STREET, SUITE D-104	1.3 STREET ADDRESS	1265 36th St
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	TRES	2.1 TITLE	Pres
NAME	BROWN, HAL W M.D.	2.2 NAME	Brown, HAL W MD
STREET ADDRESS	777 37TH STREET, SUITE A-107	2.3 STREET ADDRESS	1265 36th St
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	D	3.1 TITLE	Tres
NAME	PANAKOS, WILLIAM G M.D.	3.2 NAME	Saver, Dennis F. MD
STREET ADDRESS	777 37TH STREET, SUITE A-107	3.3 STREET ADDRESS	1265 36th St
CITY-ST-ZIP	VERO BEACH FL 32960	3.4 CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	D	4.1 TITLE	Sec
NAME	SAVER, DENNIS F M.D.	4.2 NAME	Shipley, Joshua MD
STREET ADDRESS	777 37TH STREET, SUITE D-103	4.3 STREET ADDRESS	1265 36th St
CITY-ST-ZIP	VERO BEACH FL 32960	4.4 CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	D	5.1 TITLE	VP
NAME	WATKINS, SAMUEL M	5.2 NAME	Splendoria, Arthur
STREET ADDRESS	777 37TH ST., SUITE D-103	5.3 STREET ADDRESS	1265 36th St
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	PRES	6.1 TITLE	VP
NAME	ULRICH, GUY T M.D.	6.2 NAME	Watkins, Samuel MD
STREET ADDRESS	777 37TH STREET, SUITE D-104	6.3 STREET ADDRESS	1265 36th St
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	Vero Beach, FL 32960

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

DT Saver MD - KP

D F SAVER MD

4/14/98

81-87-5781

CR2E034 (10/97)