

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90050 033 ***150.00

DOCUMENT # **P93000087288**

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

3. Date Incorporated or Qualified

12/17/1993

4. FEI Number

65-0457414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAVER, DENNIS F M.D.

777 37TH STREET 1265 36th St

SUITE D-103

VERO BEACH FL 32960

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

NAME ATAMER, EROL R M.D.

STREET ADDRESS 1265 36 ST

CITY-ST-ZIP VERO BEACH FL 32960

1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME Ulrich, Guy M.D. (was on p.2 1998)

1.3 STREET ADDRESS 1265 36th St

1.4 CITY-ST-ZIP Vero Beach FL 32960

TITLE PRES ☐ DELETE

NAME BROWN, HAL W M.D.

STREET ADDRESS 1265 36 ST

CITY-ST-ZIP VERO BEACH FL 32960

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME SAVER, DENNIS F MD

STREET ADDRESS 1265 36TH ST

CITY-ST-ZIP VERO BEACH FL 32960

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME SHIPLEY, JOSHUA M

STREET ADDRESS 1265 36TH ST

CITY-ST-ZIP VERO BEACH FL 32960

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE

NAME SPLENDORIA, ARTHUR

STREET ADDRESS 1265 36TH ST

CITY-ST-ZIP VERO BEACH FL 32960

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE VP ☐ DELETE

NAME WATKINS, SAMUEL M

STREET ADDRESS 1265 36TH ST

CITY-ST-ZIP VERO BEACH FL 32960

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0120717