

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087288

1. Entity Name

PRIMARY CARE OF THE TREASURE COAST, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90059 034 \*\*\*150.00

Principal Place of Business

1265 36TH STREET  
VERO BEACH FL 32960

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0457414

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVER, DENNIS F M.D.  
1265 36TH STREET  
VERO BEACH FL 32960

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 X

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME ATAMER, EROL R M.D.  
STREET ADDRESS 1265 36 ST  
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

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

TITLE PRES  
NAME BROWN, HAL W M.D.  
STREET ADDRESS 1265 36 ST  
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE Vice Pres.  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME SAVER, DENNIS F MD  
STREET ADDRESS 1265 36TH ST  
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

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

TITLE S  
NAME SHIPLEY, JOSHUA M  
STREET ADDRESS 1265 36TH ST  
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE Vice Pres.  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP  
NAME SPLENDORIA, ARTHUR  
STREET ADDRESS 1265 36TH ST  
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

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

TITLE VP  
NAME WATKINS, SAMUEL M  
STREET ADDRESS 1265 36TH ST  
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

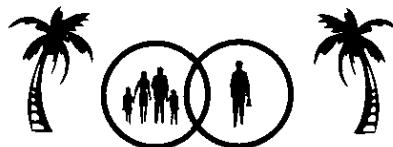
Date

Daytime Phone #

CR2E034 (9/99)

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Attachment  
00049417



## Primary Care of the Treasure Coast, Inc.

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### 2000 Uniform Business Report

**Board Certified  
American Board of  
Family Practice**

Hal W. Brown, MD

Dennis F. Saver, MD

Arthur J. Splendoria, MD

### **Change from VP to President:**

**Ulrich, Guy M.D.**

**1265 36<sup>th</sup> Street**

**Vero Beach, FL 32960**

**Board Certified  
American Board of  
Internal Medicine**

Erol R. Atamer, MD

Guy R. Ulrich, MD

**Board Eligible  
American Board of  
Family Practice**

Samuel D. Watkins, MD

**Board Eligible  
American Board of  
Internal Medicine**

Joshua B. Shipley, MD