

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000087288**1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0457414

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSAVER DENNIS F.M.D.
1265 36TH STREET
VERO BEACH FL 32960**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 _____ **02/21/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32960	<input type="checkbox"/> Delete
VP	WATKINS SAMUEL M	1265 36TH ST VERO BEACH	FL 32960			<input type="checkbox"/> Delete
VP	SPLENDORIA ARTHUR	1265 36TH ST VERO BEACH	FL 32960			<input type="checkbox"/> Delete
V	SHIPLEY JOSHUA M	1265 36TH ST VERO BEACH	FL 32960			<input type="checkbox"/> Delete
T	SAVER DENNIS FMD	1265 36TH ST VERO BEACH	FL 32960			<input type="checkbox"/> Delete
V	BROWN HAL WMD.	1265 36 ST VERO BEACH	FL 32960			<input type="checkbox"/> Delete
VP	ATAMER EROL RMD.	1265 36 ST VERO BEACH	FL 32960			<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32960	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
V	WATKINS SAMUEL M	1265 36TH ST VERO BEACH	FL 32960			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
V	SPLENDORIA ARTHUR	1265 36TH ST VERO BEACH	FL 32960			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/> Change	<input type="checkbox"/> Addition
T,V	SAVER DENNIS FMD	1265 36TH ST VERO BEACH	FL 32960			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VV	BROWN HAL WMD.	1265 36 ST VERO BEACH	FL 32960			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
V	ATAMER EROL RMD.	1265 36 ST VERO BEACH	FL 32960			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> 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: GUY ULRICH, MD**PRES 02/21/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

GUY ULRICH, MD, PRESIDENT
1265 36TH STREET

VERO BEACH, FL 32960