

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90051 050 \*\*\*150.00

**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 32961 US**

**60002175**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007

Chg-P

CR2E034 (12/06)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	ATAMER, EROL R M.D.	
STREET ADDRESS	1265 36 ST	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, HAL W M.D.	
STREET ADDRESS	1265 36 ST	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAVER, DENNIS F MD	
STREET ADDRESS	1265 36TH ST	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHIPLEY, JOSHUA M	
STREET ADDRESS	1265 36TH ST	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPLENDORIA, ARTHUR	
STREET ADDRESS	1265 36TH ST	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	V	<input type="checkbox"/> Delete
NAME	WATKINS, SAMUEL M	
STREET ADDRESS	1265 36TH ST	
CITY-ST-ZIP	VERO BEACH, FL 32960	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guy R. ULRICH, MD	
STREET ADDRESS	1265 36th St	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fredrick Baker, MD	
STREET ADDRESS	1265 36th St.	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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 #

*1/8/07*