Profile				
Stovio Dov		Ctork		
Stevie Ray First Name	Middle Initial	Stark Last Name		
stark9001@gmail.com				
Email Address				
1566 21st PL SW				
Street Address			Suite or Apt	
Vero Beach			FL	32962
City			State	Postal Code
Mobile: (321) 890-9573				
Primary Phone	Alternate Phone			
Cleveland Clinic Indian River	Accreditati Coordinate	on and Regulatory		
Hospital Employer	Job Title	Л	-	
How long have you been a re	esident of Indi	an River County?		
Are you a full-time or part-tim	ne resident? S	Select one. *		
☑ Full Time				
Please list current employer that may be applicable to the		s. If retired, please li	st any busine	ss experience
Cleveland Clinic Indian River Hos	spital			
Please list any licenses you p	oresently hold	d:		
Registered Nurse License RN 93	343788 Exp: 4/3	30/24		
Please list any organization of	of which you a	are currently a mem	ber:	
Indian River County Adopt a Roa	dway Participa	nt		
Please list any other commit	tees or board	s you currently sit o	n:	
Hospital based Work Place viole	nce committee	Co-Chair Hospital base	ed Environment	of Care Committee

member Hospital based Clinical Transformation Quality and Patient Safety Council member

Stevie Ray Stark

nterests & Experiences				
Why are you interested in serving on a board or commission?				
Seeking to enter public service and assist the county with growth and revitalization for the benefit of its itizens.				
Stark_Resume_5_23.pdf pload a Resume				
Demographics				
Political Party				
Democrat				
18/12/1991 ate of Birth				
Race (Used for State Reporting) *				
✓ Caucasian				
Oo you have a government recognized disability? (Used for State reporting information)				
⊃ Yes ⊙ No				