

THIS INFORMATION IS IN YOUR FILES

FOR PROFIT CORPORATION

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90713 025 ***150.00

DOCUMENT # P 93000052552

1. Entity Name
ASSOCIATED HEALTH CARE MANAGEMENT INC
FORMERLY ADAMSIDE FAMILY MEDICINE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

705 W. SR 434

Suite, Apt. #, etc.

SUITE E

City & State

LONGWOOD, FL

Zip

32750

Country

US

3. Mailing Address

705 W. SR 434

Suite, Apt. #, etc.

SUITE E

City & State

LONGWOOD, FL

Zip

32750

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3193231

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DO NOT WRITE
IN THIS SPACE

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

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VYAS, SUREE 705 W. S. RD. 434 STE E LONGWOOD, FL 32750 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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DO NOT WRITE
IN THIS SPACE

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 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 #

4-28-03

CR2E034B (12/01)