

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90012 006 \*\*\*\*\*70.00

**DOCUMENT # N01000001951**

1. Entity Name

**BETTER AFFORDABLE MEDICAL, INCORPORATED**



Principal Place of Business

**4114 HOLLIS AVENUE  
PORT CHARLOTTE FL 33953**

Mailing Address

**4114 HOLLIS AVENUE  
PORT CHARLOTTE FL 33953**

**11025395**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1075472**

Applied For

Not Applicable

Zip

Country

**USA**

Zip

Country

**CHARLOTTE**

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

**SCHOONOVER, JOYCE  
4114 HOLLIS AVENUE  
PORT CHARLOTTE FL 33953**

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

*Joyce Schoonover*

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

(NOTE: Registered Agent signature required when reinstating)

*President*

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **SCHOONOVER, JOYCE**  
STREET ADDRESS **4114 HOLLIS AVE**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

TITLE **PD** ☐ Change ☐ Addition  
NAME **JOYCE SCHOONOVER**  
STREET ADDRESS **4114 HOLLIS AVE.**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953-5745**

TITLE **VD** ☐ Delete  
NAME **MCCAULEY, MARILYN**  
STREET ADDRESS **8360 LUCE COURT**  
CITY-ST-ZIP **SPRINGFIELD VA 22153**

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

TITLE **TSD** ☐ Delete  
NAME **FERDERICO, JUDY**  
STREET ADDRESS **14459 RIVERBEACH DR. A-102 101-A**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

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

TITLE **D** ☐ Delete  
NAME **ESQUIRE, ERIC REYES**  
STREET ADDRESS **4485 TAMiami TRAIL**  
CITY-ST-ZIP **PORT CHARLOTTE FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, 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:

*Joyce Schoonover*

**04/27/03 941-235-2440**

CR2E037 (10/02)