

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004915

1. Entity Name

ASSOCIATION OF HEALTHCARE MANAGERS INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90052 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 314  
LARGO FL 33779

P.O. BOX 314  
LARGO FL 33779-0314

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

59-3310524

Applied For

Not Applicable

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

FRANKLIN, DIANE  
10225 ULMERTON RD  
#1A  
LARGO FL 33771

Name JAMES CANIANO

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

4175 E. Bay Dr #130

City Clearwater

**FL**

Zip Code  
33764

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

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME FRANKLIN, DIANE  
STREET ADDRESS 10225 ULMERTON RD, #1A  
CITY-ST-ZIP LARGO FL 33771

TITLE PD ☐ Change ☒ Addition  
NAME LINDA GUSTAFSON  
STREET ADDRESS 880 6th ST S, #430  
CITY-ST-ZIP St Petersburg, FL 33701

TITLE VD ☒ Delete  
NAME SMETZER, GEORGE  
STREET ADDRESS 1121 OVERCASH DR  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE VD ☐ Change ☒ Addition  
NAME TOM MOORE  
STREET ADDRESS 6860 GULFPORT BLVD S, #333  
CITY-ST-ZIP St Petersburg, FL 33707

TITLE SD ☐ Delete  
NAME BOYLA, BERNICE  
STREET ADDRESS 11427 114TH AVE N  
CITY-ST-ZIP LARGO FL 33778

TITLE TD ☐ Change ☐ Addition  
NAME RENEE MANCINE  
STREET ADDRESS 37026 US Hwy 19 N  
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE TD ☒ Delete  
NAME FURNANS, PAT  
STREET ADDRESS 5800 49TH ST N, S-109  
CITY-ST-ZIP ST PETERSBURG FL 33709

TITLE TD ☐ Change ☒ Addition  
NAME RENEE MANCINE  
STREET ADDRESS 37026 US Hwy 19 N  
CITY-ST-ZIP PALM HARBOR, FL 34684

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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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #