

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000024293 (9)

1. Corporation Name

ASSOCIATES IN MANAGED HEALTH CARE, INC.



Principal Place of Business

% SCOMA CHIROPRACTIC OFFICE, P.A.  
3714 DEL PRADO BLVD. - DR. LOUIS SCOMA  
CAPE CORAL FL 33904

Mailing Address

% SCOMA CHIROPRACTIC OFFICE, P.A.  
3714 DEL PRADO BLVD. - DR. LOUIS SCOMA  
CAPE CORAL FL 33904

3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FCI Number

65-0573424

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR.  
12670 NEW BRITTANY BLVD.  
SUITE 101  
FORT MYERS FL 33907

8. Name

8a. Street Address (P.O. Box Number is Not Acceptable)

8b.

8c. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the fee paid

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME SCOMA, LOUIS D.C.  
STREET ADDRESS 3714 DEL PRADO BLVD.  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ DELETE

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME SMITH, MARKS A D.C.  
STREET ADDRESS 1338 DEL PRADO BLVD., UNIT 8  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ DELETE

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME GERKEN, ERIC S D.C.  
STREET ADDRESS 8801 COLLEGE PARKWAY, SUITE 2  
CITY-ST-ZIP FORT MYERS FL 33919 ☐ DELETE

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME WILLIAMS, J. TODD D.C.  
STREET ADDRESS 1875 COLONIAL BLVD.  
CITY-ST-ZIP FORT MYERS FL 33907 ☐ DELETE

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME WATKINS, HUGH A D.C.  
STREET ADDRESS 2214 CLEVELAND AVENUE  
CITY-ST-ZIP FORT MYERS FL 33901 ☐ DELETE

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ERIC GERKEN, DC ERIC GERKEN DC 03-26-96 941/482-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)