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Secretary of State

03-03-1999 90120 010 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024293

1. Corporation Name

ASSOCIATES IN MANAGED HEALTH CARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% SCOMA CHIROPRACTIC OFFICE, P.A.
3714 DEL PRADO BLVD. - DR. LOUIS SCOMA
CAPE CORAL FL 33904 % SCOMA CHIROPRACTIC OFFICE, P.A.
3714 DEL PRADO BLVD. - DR. LOUIS SCOMA
CAPE CORAL FL 33904

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/27/1995

4. FEI 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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)