

FILED

Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90017 013 ***150.00

DOCUMENT # P95000024293

Entity Name

ASSOCIATES IN MANAGED HEALTH CARE, INC.

Principal Place of Business	Mailing Address
SCOMA CHIROPRACTIC OFFICE, P.A. 4 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 33904-7141

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0573424	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS FL 33907	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
LE REL ADDRESS ST-ZIP	D SCOMA, LOUIS D.C. 3714 DEL PRADO BLVD. CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE REL ADDRESS ST-ZIP	D SMITH, MARK A DC 1338 DEL PRADO BLVD., UNIT 8 CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE REL ADDRESS ST-ZIP	D GERKEN, ERIC S D.C. 8801 COLLEGE PARKWAY, SUITE 2 FORT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REL ADDRESS ST-ZIP	D WILLIAMS, J. TODD D.C. 1875 COLONIAL BLVD. FORT MYERS FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REL ADDRESS ST-ZIP	D WATKINS, HUGH A D.C. 2214 CLEVELAND AVENUE FORT MYERS FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REL ADDRESS ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN J. GAVIN 02-14-00 482-0300.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #