2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAY -9 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000024293

1. Entity Name

ASSOCIATES IN MANAGED HEALTH CARE, INC.

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

DO NOT WRITE IN THIS SPACE

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 65-0573424 ☐ 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
Robert D. Royston, 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. 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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOMA, LOUIS, D.C. 3714 Del Prado Blvd. CAPE CORAL, FL 33904 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio 700003273927--1 -06/01/00--01076--007 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, MARK A D.C. 1338 Del Prado Blvd., Unit 8 CAPE CORAL, FL 33904 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERKEN, ERIC S D.C. 8801 College Parkway, SUITE 2 FORT MYERS, FL 33919 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, J. TODD, D.C. 1875 COLONIAL BLVD. FORT MYERS, FL 33907 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATKINS, HUGH A. D.C. 2214 CLEVELAND AVENUE FORT MYERS, FL 33901 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additic

13. 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: _____ 5/1/00 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #