

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024293

1. Entity Name

ASSOCIATES IN MANAGED HEALTH CARE, INC.

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90041 002 ***150.00

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

CUU45049



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0573424

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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, 2001 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	D SCOMA, LOUIS D.C.	<input type="checkbox"/> Delete
STREET ADDRESS	3714 DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE NAME	D GERKEN, ERIC S D.C.	<input type="checkbox"/> Delete
STREET ADDRESS	8801 COLLEGE PARKWAY, SUITE 2	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE NAME	D WATKINS, HUGH A D.C.	<input type="checkbox"/> Delete
STREET ADDRESS	2214 CLEVELAND AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dr. Lou Scoma

1/4/01

941-7717
945-7717

CR2E034 (10/00)