2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2024
Secretary of State
2239124526CC

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Entity Name: UNITED MANAGED CARE, ALZHEIMER'S SUPPORT GROUP INC

Current Principal Place of Business:

7511 NW 69TH AVE
TAMARAC, FL 33321

Current Mailing Address:

7511 NW 69TH AVE
TAMARAC, FL 33321 US

FEI Number: 47-3334486

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROYES, ERIC O
7511 NW 69TH AVE
TAMARAC, FL 33321 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	ROYES, ERIC O
Address	7511 NW 69TH AVE
City-State-Zip:	TAMARAC FL 33321

Title	TREASURER
Name	WILLIAMSON, NORMA
Address	951 SW 69 TH AVE
City-State-Zip:	MARGATE FL 33068

Title	DIRECTOR, CAREGIVER CONSULTANT
Name	TRAILLE, UNICE
Address	6350 SW 9TH PLACE
City-State-Zip:	NORTH LAUDERDALE FL 33068

Title	DIRECTOR, SOCIAL MEDIA AND MARKETING
Name	ROYES, MEGAN MARIA
Address	911 ELDRIDGE ST UNIT =C
City-State-Zip:	ORLANDO FL 32803

Title	DIR/ BOOK KEEPER
Name	ROYES, MARTHA G
Address	5111 W. OAKLAND PARK BLVD. #J 313
City-State-Zip:	LAUDERDALE LAKES FL 33313

Title	EXECUTIVE DIRECTOR/ CHAIRPERSON, VP
Name	DOVE, SHARON
Address	6350 SW 9TH PLACE
City-State-Zip:	NORTH LAUDERDALE FL 33068

Title	DIRECTOR
Name	BARRETT, LLOYD
Address	10420 NW 6 CT
City-State-Zip:	CORAL SPRINGS FL 33319

Title	DIRECTOR, WAYS AND MEANS /CREATIVE PLANNING COMMITTEE
Name	ROYES, EVETTE JUNE
Address	4980 NW 42ND ST
City-State-Zip:	LAUDERDALE LAKES FL 33319

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIC ROYES PRESIDENT 06/26/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR, / CHAIR EVENTS AND PLANNING
Name	WILSON-OST, JOYCELYN
Address	7511 NW 69TH AVE
City-State-Zip:	TAMARAC FL 33321

Title	TR
Name	MILLS, DUDLEY J
Address	4000 N. STATE ROAD 7 #404 C
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	GENERAL SECRETARY / EDUCATION AND TRAINING COORDINATOR
Name	WILSON-OST, JOYCELIN
Address	6649 SUN RIVER ROAD
City-State-Zip:	BOYNTON BEACH FL 33437

Title	CHAIR, SUPPORT GROUP
Name	WILLIAMS, CHARMAINE DR.
Address	9380 NW 39TH STREET
City-State-Zip:	SUNRISE FL 33351