

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000002173

Entity Name: UNITED MANAGED CARE, ALZHEIMER'S SUPPORT INC**Current Principal Place of Business:**5010 N. TRAVELERS PALM LN
TAMARAC, FL 33319**Current Mailing Address:**5010 N. TRAVELERS PALM LN
TAMARAC, FL 33319 US**FEI Number:** 47-3334486**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROYES, ERIC O
5010 N. TRAVELERS PALM LN
TAMARAC, FL 33319 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 5010 N. TRAVELERS PALM LN
City-State-Zip: TAMARAC FL 33319

Title DIR. FINANCE AND BUDGET
Name HAMILTON, VALERIE
Address 10777 W. SAMPLE ROAD
607
City-State-Zip: CORAL SPRINGS FL 33065

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

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

Title EDUCATION AND TRAINING DIR
Name ROYES, MARTHA
Address 5111 W. OAKLAND PARK BLVD. #J 313
City-State-Zip: LAUDERDALE LAKES FL 33313

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

Title HOSPITALITY MANAGER, DIRECTOR
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 5451 MELLEENIA LAKES BLVD
APT 448
City-State-Zip: ORLANDO FL 32839

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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 O ROYES**PRESIDENT****01/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, /ASST SECRETARY
Name ROYES, EVETTE JUNE
Address 4980 NW 42ND ST
City-State-Zip: LAUDERDALE LAKES FL 33319

Title VP. DIR, PUBLIC RELATIONS AND PLANNING
Name WILLIAMSON, KARLISLE M
Address 951 SW 69TH AVE
City-State-Zip: MARGATE FL 33068

Title DIRECTOR, / CHAIR EVENTS AND
 PLANNING
Name ROYES-CARTY, NORMA
Address 2950 NW 33RD WAY
City-State-Zip: LAUDERDALE LAKES FL 33311