

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000002173

**Entity Name:** UNITED MANAGED CARE, ALZHEIMER'S SUPPORT GROUP  
INC**FILED**  
**Mar 21, 2022**  
**Secretary of State**  
**4571038586CC****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: Yes****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	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 O. ROYES****PRESIDENT****03/21/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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