

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071434

FILED
Apr 24, 2008
Secretary of State

Entity Name: COLLABORATEMD, INC.

Current Principal Place of Business:

201 E PINE ST
SUITE 1310
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

201 E PINE ST
SUITE 1310
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3663411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEGLER, DOUGLAS A
201 E PINE ST
SUITE 1310
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KEGLER, DOUGLAS A
Address: 1627 E CENTRAL BOULEVARD
City-St-Zip: ORLANDO, FL 32803 US

Title: D () Delete
Name: KLICK, STEPHEN R
Address: 19476 HALWOOD ROAD
City-St-Zip: GLENWOOD, MN 56334 US

Title: D () Delete
Name: EDMONDS, MICHAEL
Address: 10204 SHREWSBURY RUN WEST
City-St-Zip: COLLIERVILLE, TN 38017 US

Title: D () Delete
Name: LARTER, JOE
Address: WHITE HORSE COTTAGE HAPTON, NORWHICH
City-St-Zip: NORFOLK, GB NR15 1RZ UK

Title: D () Delete
Name: MESZAROS, LASZLO
Address: 51 S WOODSIDE
City-St-Zip: WILLIAMSVILLE, NY 14221 US

Title: D (X) Delete
Name: FRITZINGER, ROBERT
Address: 355 N FOREST RD
City-St-Zip: WILLIAMSVILLE, NY 14221 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: KEGLER, DOUGLAS A
Address: 1627 E CENTRAL BOULEVARD
City-St-Zip: ORLANDO, FL 32803 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FRITZINGER, ROBERT
Address: 355 N FOREST RD
City-St-Zip: WILLIAMSVILLE, NY 14221 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS A KEGLER

DPT

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date