

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 13, 2009
Secretary of State**

DOCUMENT# P00000071434

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

OFFICERS AND DIRECTORS:

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

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

Title: D (X) Delete
Name: MESZAROS, LASZLO
Address: 640 ESSJAY ROAD #A
City-St-Zip: WILLIAMSVILLE, NY 14221 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: KEGLER, DOUGLAS A
Address: 614 LAKE AVE
City-St-Zip: ORLANDO, FL 32801 US

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

Title: D (X) Change () Addition
Name: KEGLER, GARY
Address: 2097 PINEVIEW CT
City-St-Zip: MARILLA, NY 14102 US

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 KEGLER

DPT

10/13/2009

Electronic Signature of Signing Officer or Director

_____ Date