

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

12929381

**DOCUMENT # P98000042321**

1. Entity Name

**COLLABORATIVE HEALTHCARE, INC.**

04-28-2001 90067 042 \*\*\*150.00

Principal Place of Business <b>8551 WEST SUNRISE BLVD SUITE 206 PLANTATION FL 33322</b>	Mailing Address <b>8551 WEST SUNRISE BLVD SUITE 206 PLANTATION FL 33322</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>17100 ARVIDA PARKWAY</b>	3. Mailing Address <b>17100 ARVIDA PARKWAY</b>
Suite, Apt. #, etc. <b>Suite 1</b>	Suite, Apt. #, etc. <b>Suite 1</b>
City & State <b>Weston, FL</b>	City & State <b>Weston, FL</b>
Zip <b>33331</b>	Zip <b>33331</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0839376</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERICAN INFORMATION SERVICES, INC.  
 ONE SE 3RD AVENUE 28TH FLOOR  
 MIAMI FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>HARRIS, RICK A</b>	
STREET ADDRESS <b>8551 WEST SUNRISE BLVD SUITE 206</b>	
CITY-ST-ZIP <b>PLANTATION FL 33322</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>CONHEIM, RON</b>	
STREET ADDRESS <b>8551 WEST SUNRISE BLVD SUITE 206</b>	
CITY-ST-ZIP <b>PLANTATION FL 33322</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARRIS, RICK A.</b>	
STREET ADDRESS <b>17100 ARVIDA PARKWAY, SUITE 1</b>	
CITY-ST-ZIP <b>WESTON, FL 33331</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CONHEIM, RON</b>	
STREET ADDRESS <b>17100 ARVIDA PARKWAY, SUITE 1</b>	
CITY-ST-ZIP <b>WESTON, FL 33331</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rick A. Harris* **RICK A. HARRIS** 4/17/01 954-475-0333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (10/00)