

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90138 028 \*\*\*150.00

**DOCUMENT # P98000042321**



1. Entity Name  
**COLLABORATIVE HEALTHCARE, INC.**

Principal Place of Business  
**17100 ARVIDA PARKWAY  
STE 1  
WESTON FL 33331**

Mailing Address  
**17100 ARVIDA PARKWAY  
STE 1  
WESTON FL 33331**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0839376**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **-\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

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 **RICK A HARRIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**17100 ARVIDA PARKWAY**  
**STE 1**  
City **WESTON** FL Zip Code **33326**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HARRIS, RICK A</b>
STREET ADDRESS	<b>17100 ARVIDA PARKWAY STE 1</b>
CITY-ST-ZIP	<b>WESTON FL 33331</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>CONHEIM, RON</b>
STREET ADDRESS	<b>17100 ARVIDA PARKWAY STE 1</b>
CITY-ST-ZIP	<b>WESTON FL 33331</b>
TITLE	<b>SEC &amp; TREASURER</b> <input type="checkbox"/> Delete
NAME	<b>MARIE L PERMANIAN</b>
STREET ADDRESS	<b>17100 ARVIDA PARKWAY STE 1</b>
CITY-ST-ZIP	<b>WESTON, FL 33326</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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICK A HARRIS** 4/3/03 954 217-2444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)