

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90143 041 \*\*\*\*61.25

DOCUMENT # N98000003853

1. Entity Name

Corporate Alliance for Integrative Medicine

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4034 Roberts Point  
Suite, Apt. #, etc.

3. Mailing Address

4034 Roberts Point  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL  
Zip 34242 Country

City & State

Sarasota, FL  
Zip 34242 Country

4. FEI Number

65-0857981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

James E Toale

Street Address (P.O. Box Number is Not Acceptable)

2750 Ringling Blvd.

Ste. 3

City

Sarasota

FL

Zip Code

34237

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

*[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/02  
DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

President  
Elliott Bulbert  
2411 Prairie St  
Chatsworth, CA 91311

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Vice President  
Rick Prill  
1401 Pearl St  
Boulder CO 80302

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Secretary/Treasurer  
Jon Berninger  
3300-North Central Ave #2500  
Phoenix, AZ 85012

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elliott Bulbert

Date

3/20/02

Daytime Phone #

818-739-6000

CR2E037B (12/01)