

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91519 029 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000028650

1. Entity Name

Collaborative OB/GYN
Purchasing Alliance, Inc.

040000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

224 Commercial Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Lauderby The Sea, FL

Zip

33308

Country

USA

3. Mailing Address

224 Commercial Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Lauderby the Sea, FL

Zip

33308

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Reynald Pouliot, M.D.

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

265-B Commercial Blvd.

City

Lauderby the Sea

FL

Zip Code

33308

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Joseph M. Cobo
224 Commercial Blvd. #200
Lauderby the Sea, FL 33308

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

Daytime Phone #

CR2E034B (12/01)