

11 AMENDED

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000028650

1. Entity Name
**COLLABORATIVE OB/GYN PURCHASING ALLIANCE,
INC.**



Principal Place of Business
**224 COMMERCIAL BLVD.
STE 200
LAUDERDALE BY THE SEA, FL 33308**

Mailing Address
**224 COMMERCIAL BLVD.
STE 200
LAUDERDALE BY THE SEA, FL 33308**

FILED
03 SEP 10 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3000023022033
09/12/03--01060--016 **61.25



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0997805

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POULIOT, REYNALD M.D.
265-B COMMERCIAL BLVD.
LAUDERDALE BY THE SEA, FL 33308**

Name

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

City

FL

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$61.25
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COBO, JOSEPH M**
CITY-ST-ZIP **224 COMMERCIAL BLVD., #200
LAUDERDALE BY THE SEA, FL 33308**

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **COBO, JOSEPH M**
CITY-ST-ZIP **224 COMMERCIAL BLVD., #200
LAUDERDALE BY THE SEA, FL 33308**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **POULIOT, REYNALD M.D**
CITY-ST-ZIP **265-B COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308**

TITLE ☒ Change ☐ Addition
NAME **P & D**
STREET ADDRESS **POULIOT, Reynald, M.D.**
CITY-ST-ZIP **265B COMMERCIAL BLVD
FT. LAUDERDALE, FL 33308**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **POULIOT, REYNALD M.D**
CITY-ST-ZIP **265-B COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **POULIOT, BRUNO**
CITY-ST-ZIP **265 COMMERCIAL BLVD.
LAUDERDALE BY THE SEA, FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-472-3960

CR2E034 (10/02)