

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000071434

Entity Name: COLLABORATEMD, INC.

**FILED**  
**Nov 17, 2009**  
**Secretary of State****Current Principal Place of Business:**201 E PINE ST  
SUITE 1310  
ORLANDO, FL 32801**New Principal Place of Business:****Current Mailing Address:**201 E PINE ST  
SUITE 1310  
ORLANDO, FL 32801**New Mailing Address:**

FEI Number: 59-3663411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**KEGLER, DOUGLAS A  
201 E PINE ST  
SUITE 1310  
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: DPT ( ) Delete  
Name: KEGLER, DOUGLAS A  
Address: 614 LAKE AVE  
City-St-Zip: ORLANDO, FL 32801 USTitle: D ( ) Delete  
Name: KLINK, STEPHEN R  
Address: 19476 HALWOOD ROAD  
City-St-Zip: GLENWOOD, MN 56334 USTitle: D ( ) Delete  
Name: KEGLER, GARY  
Address: 2097 PINEVIEW CT  
City-St-Zip: MARILLA, NY 14102 USTitle: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: D ( ) Change (X) Addition  
Name: TURNER, DARRELL  
Address: 600 LAKESCAPE CT  
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS A KEGLER

P

11/17/2009

Electronic Signature of Signing Officer or Director

Date