

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000009536

**FILED**  
**Mar 20, 2011**  
**Secretary of State**

**Entity Name:** COLLABORATIVE RESEARCH CONCEPTS, INC.

**Current Principal Place of Business:**

16455 SW 299 DRIVE  
MIAMI, FL 33033

**New Principal Place of Business:**

4000 PONCE DE LEON BOULEVARD  
470  
CORAL GABLES, FL 33146

**Current Mailing Address:**

16455 SW 299 DRIVE  
MIAMI, FL 33033

**New Mailing Address:**

4000 PONCE DE LEON BOULEVARD  
470  
CORAL GABLES, FL 33146

**FEI Number:** 27-1815405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OESTERLE, DOUGLAS W  
9506 S RED ROAD  
MIAMI, FL 33156 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: P/D  
Name: BELL, SCOTT E  
Address: 16455 SW 299 DR  
City-St-Zip: MIAMI, FL 33033

Title: T/D  
Name: BELL, JEANNE  
Address: 16455 SW 299 DR  
City-St-Zip: MIAMI, FL 33033

I hereby 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 all other like empowered.

SIGNATURE: SCOTT E. BELL

PRES

03/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date