

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042321

1. Entity Name

COLLABORATIVE HEALTHCARE, INC.

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90067 042 \*\*\*150.00

Principal Place of Business

8551 WEST SUNRISE BLVD SUITE 206  
PLANTATION FL 33322

Mailing Address

8551 WEST SUNRISE BLVD SUITE 206  
PLANTATION FL 33322

2. Principal Place of Business

17100 ARVIDA PARKWAY

3. Mailing Address

17100 ARVIDA PARKWAY

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Weston, FL

City & State

Weston, FL

Zip

33331

Country

USA

Zip

33331

Country

USA

4. FEI Number

65-0839376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
ONE SE 3RD AVENUE 28TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 ☒ Delete  
NAME D  
STREET ADDRESS HARRIS, RICK A  
CITY-ST-ZIP 8551 WEST SUNRISE BLVD SUITE 206  
PLANTATION FL 33322

TITLE ☒ Delete  
NAME D  
STREET ADDRESS CONHEIM, RON  
CITY-ST-ZIP 8551 WEST SUNRISE BLVD SUITE 206  
PLANTATION FL 33322

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS HARRIS, RICK A.  
CITY-ST-ZIP 17100 ARVIDA PARKWAY, SUITE 1  
WESTON, FL 33331

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS CONHEIM, RON  
CITY-ST-ZIP 17100 ARVIDA PARKWAY, SUITE 1  
WESTON, FL 33331

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

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICK A. HARRIS

4/17/01

954-475-0333

Date

Daytime Phone #

CR2E034 (10/00)

0266281