

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000068241

FILED  
Apr 06, 2003  
Secretary of State

**Entity Name:** COOPERATIVE CARE CONSULTANTS, P.A.

**Current Principal Place of Business:**

22640 SW 8 COURT  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

22640 SW 8 COURT  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:** 65-0856425      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LENZ, CYNTHIA  
22640 SW 8 COURT  
BOCA RATON, FL 33433      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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** PD      ( ) Delete  
**Name:** LENZ, CYNTHIA  
**Address:** 22640 SW 8 COURT  
**City-St-Zip:** BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CYNTHIA M LENZ

PD

04/06/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date