2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90048 021 ***150.00

DOCUMENT # P99000021357

1. Entity Name
CENTER FOR COOPERATIVE MEDICINE, P.A.
141 6TH AVENUE
INDIALANTIC FL 32903

Principal Place of Business
141 SIXTH AVE.
INDIALANTIC, FL
32903

Mailing Address
141 SIXTH AVE.
INDIALANTIC, FL
32903

DO NOT WRITE IN THIS SPACE

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 59-3563309 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
EDWARD J. KINBERG
2101 S. WAVERLY PL.
STE 200 E
MELBOURNE, FL 32901

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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
DPST DAVID RINDGE 141 SIXTH AVE. INDIALANTIC, FL 32903	☐
	☐
	☐
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change / Add
	☐ ☐
	☐ ☐
	☐ ☐
	☐ ☐
	☐ ☐
	☐ ☐
	☐ ☐

13. I hereby certify that the information supplied with this filing does not qualify as defined on this report or supplemental report as true and accurate and that all of the corporation's fees owed or to be paid pursuant to Section 607.0122, Florida Statutes, have been paid, or are attached with an address, with all the [illegible] I further certify that the information shown shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or a 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 above.

SIGNATURE: [signature] 4/27/00