01/02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

05-21-2002 91145 020 ***300.00
P99000021357

FILED
02 JUN 19 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

666531

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DOCUMENT # P99000021357 ✓

1. Entity Name
CENTER FOR COOPERATIVE MEDICINE, PA

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2. Principal Place of Business	3. Mailing Address
812 E Strawbridge Ave	812 E Strawbridge Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32901 Country: Brevard	Zip: 32901 Country: Brevard

4. FEI Number 593563309 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Edward J. Kinberg
Street Address (P.O. Box Number is Not Acceptable): 2101 S. Waverly Place Ste. 200E
City: Melbourne FL Zip Code: 32901

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) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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	President
NAME	David Rindge
STREET ADDRESS	812 E Strawbridge Ave
CITY-ST-ZIP	Melbourne, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David Rindge [signature] David Rindge 4-30-02 (321) 728-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #