2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021357

City-St-Zip:

MELBOURNE, FL 32901

Entity Name: CENTER FOR COOPERATIVE MEDICINE, P.A.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
812 E. STRAWBRIDG MELBOURNE, FL 329				
Current Mailing Address:		New Mailing Address:		
812 E. STRAWBRIDG MELBOURNE, FL 329	_ · · · _			
FEI Number: 59-3563309	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
KINBERG, EDWARD 3 2101 S. WAVERLY PL MELBOURNE, FL 329	ACE STE. 200E			
The above named entiring the State of Florida.	ty submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Finance	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: RINDGE, DA	()Delete VID WBRIDGE AVE	Title: Name: Address:	() Change () Addition	

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: DAVID RINDGE P 04/30/2004