

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021357

FILED
Sep 06, 2005
Secretary of State

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

Current Principal Place of Business:

812 E. STRAWBRIDGE AVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

812 E. STRAWBRIDGE AVE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3563309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINBERG, EDWARD J
2101 S. WAVERLY PLACE STE. 200E
MELBOURNE, FL 32901 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: P () Delete
Name: RINDGE, DAVID
Address: 812 E. STRAWBRIDGE AVE
City-St-Zip: MELBOURNE, FL 32901

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S () Change (X) Addition
Name: RINDGE, SHEILA
Address: 812 E. STRAWBRIDGE AVE
City-St-Zip: MELBOURNE, FL 329014737

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

09/06/2005

Electronic Signature of Signing Officer or Director

Date