
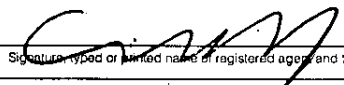
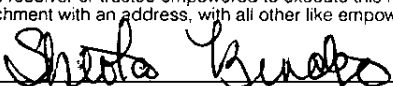


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000021357 1. Entity Name CENTER FOR COOPERATIVE MEDICINE, P.A.						FILED 07 NOV -6 PM 3:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 279 N. BABCOCK ST. MELBOURNE, FL 32935				Mailing Address 279 N. BABCOCK ST. MELBOURNE, FL 32935			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent KINBERG, EDWARD J 1290 WEST EAUGALLE BLVD. MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: 				DATE: 10-18-07			
(NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RINDGE, DAVID 812 E. STRAWBRIDGE AVE MELBOURNE, FL 32901			TITLE NAME STREET ADDRESS CITY-ST-ZIP	279 N. Babcock St. Melbourne FL 32935		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RINDGE, SHEILA 812 E. STRAWBRIDGE AVE MELBOURNE, FL 32901			TITLE NAME STREET ADDRESS CITY-ST-ZIP	279 N. Babcock St. Melbourne FL 32935		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400112028984 11/06/07--01011--011 **750.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				DATE: 10-17-2007			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			