

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000021357

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

279 N. BABCOCK ST.  
MELBOURNE, FL 32935

**New Principal Place of Business:**

1601 AIRPORT BOULEVARD  
SUITE 1  
MELBOURNE, FL 32901

**Current Mailing Address:**

279 N. BABCOCK ST.  
MELBOURNE, FL 32935

**New Mailing Address:**

1601 AIRPORT BOULEVARD  
SUITE 1  
MELBOURNE, FL 32901

**FEI Number:** 59-3563309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RINDGE, SHEILA  
279 N BABCOCK ST  
MELBOURNE, FL 32935 US

**Name and Address of New Registered Agent:**

RINDGE, DAVID  
1601 AIRPORT BOULEVARD  
MELBOURNE, FL 32901 US

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: DAVID RINDGE

06/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: RINDGE, DAVID  
Address: 1601 AIRPORT BOULEVARD, SUITE 1  
City-St-Zip: MELBOURNE, FL 32901

Title: SECY  
Name: RINDGE, SHEILA  
Address: 1601 AIRPORT BOULEVARD, SUITE 1  
City-St-Zip: MELBOURNE, FL 32901

I hereby 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 all other like empowered.

SIGNATURE: DAVID RINDGE

PRES

06/12/2012

Electronic Signature of Signing Officer or Director

Date