

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000110202

Entity Name: COLLABORATIVE CARE CONSULTANTS INC

Current Principal Place of Business:

14368 90TH AVE N
SEMINOLE, FL 33776

Current Mailing Address:

14368 90TH AVE N
SEMINOLE, FL 33776

FEI Number: 26-3921821

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYNN, SHERRY
14368 90TH AVE N
SEMINOLE, FL 33776 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name LYNN, SHERRY
Address 14368 90TH AVE N
City-State-Zip: SEMINOLE FL 33776

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: SHERRY LYNN

PRESIDENT

04/03/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date