**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000303498

**FILED**
**Apr 30, 2026**
**Secretary of State**
**7588375067CC**

**Entity Name:** COLLABORATIVE CARE LLC

**Current Principal Place of Business:**

7480
ALOMA AVE
WINTER PARK, FL 32792

**Current Mailing Address:**

333 CROCKETTE BLVD
PO #541743
MERRITT ISLAND, FL 32954 US

**FEI Number: 99-4200183**

**Certificate of Status Desired:** No

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

IMAGES OF GLORY, INC.
7480 ALOMA AVE
WINTER PARK, FL 32792 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: KATHERINE NORFLEET, AUTHORIZED REPRESENTATIVE IMAGES OF GLORY INC 04/30/2026

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MANAGING MEMBER |
| Name | HUERTAS, TIYE |
| Address | 7480 ALOMA AVE. |
| City-State-Zip: | WINTER PARK FL 32792 |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: TIYE HUERTAS MANAGING MEMBER 04/30/2026

Electronic Signature of Signing Authorized Person(s) Detail — Date