

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006294

Entity Name: KOS LIFE SCIENCES, INC.

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

1001 BRICKELL BAY DRIVE, 25TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

ATTN: ACCOUNTS PAYABLE
2200 NORTH COMMERCE PARKWAY
WESTON, FL 33326

New Mailing Address:

701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

FEI Number: 57-1140380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORP.
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131 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: MCGOVERN, MARK
Address: 1001 BRICKELL BAY DRIVE, 25TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: RODRIGUEZ, JUAN
Address: 1001 BRICKELL BAY DRIVE, 25TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: T () Delete
Name: CEFALI, GENE
Address: 1001 BRICKELL BAY DRIVE, 25TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: ADAMS, ADRIAN
Address: 1001 BRICKELL BAY DRIVE, 25TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: KIRITSY, CHRISTOPHER
Address: 1001 BRICKELL BAY DRIVE, 25TH FLOOR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARK MCGOVERN

P

04/10/2006

Electronic Signature of Signing Officer or Director

Date