## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # F02000006294

1. Entity Name KOS LIFE SCIENCES, INC.



Principal Place of Business

Mailing Address

**FILED** Feb 02, 2007 8:00 am Secretary of State 02-02-2007 90021 001 \*\*\*300.00

Principal Plac	e of Business	Mailing Address			- 1			660000	) <u>1</u>		
1001 BRICKELL BAY DRIVE, 25TH FLOOR MIAMI, FL 33131		ATTN: ACCOUNTS PAYABLE DEPT. 2100 NORTH COMMERCE PARKWAY WESTON, FL 33326				<b>     </b>	<b>           </b>	VIII 2011 2010 0010 001	B #810   B    #1	)  <b>                                     </b>	
2. Principal Place of Business - No P.O. Box # 2 Oakwood Blvd.		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01092007 Chg-P CR2E034 (12/06)					
City & State		City & State				4. FEI Number         Applied For           57-1140380         Not Applicab				·	
330à	O USA	Zip	Coun	try		5. Certificate	of Status Des		8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent				7. Name an	d Address of N	lew Registered A	gent		
				Name							
INTRASTATE REGISTERED AGENT CORP. 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131					Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Code	2	
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  Signature. Nyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
		1					1				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	1	Campaign Finar and Contribution.	ncing		<b>0</b> May Be I to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO	OFFICERS AND	DIRECTORS	S IN 11	
TITLE	P	☐ De	ele THTLE						Change	☐ Addition	
NAME	MCGOVERN, MARK			E							
STREET ADDRESS	1 · · · · · · · · · · · · · · · · · · ·		STRE	ET ADDRESS	2100	· W.	Comme	nce Pk	.vy		
CITY - ST - ZIP	MIAMI, FL 33131			-ST-ZIP	1.700		21 7	2221.		į	
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TITLE	T	☐ Del	ete TITLE						Change	☐ Addition	
NAME	CEFALI, GENE		NAM				_	Q.			
STREET ADDRESS	1001 BRICKELL BAY DRIVE, 25	TH FLOOR			2100	> N.	COMM	erce Pk	wy		
CITY-ST-ZIP	MIAMI, FL 33131		CITY	·ST-ZIP	Wec	ate.	7L :	<u>33326</u>			
TITLE	D	☐ Del	ete TITLE	:		•			Change	☐ Addition	
NAME	ADAMS, ADRIAN		NAM	E				•			
STREET ADDRESS	1001 BRICKELL BAY DRIVE, 25	TH FLOOR	STRE	ET ADDRESS	اعدد	0 19.	CANA	anca Pk	روس		
CITY-ST-ZIP	MIAMI, FL 33131		CITY	-S1-ZIP	Wen	TON -		332L	•		
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NAME	KIRITSY, CHRISTOPHER		NAM						onlings		
STREET ADDRESS	1001 BRICKELL BAY DRIVE, 25	TH FLOOR		E1 ADDRESS	]						
CITY-S1-ZIP	MIAMI, FL 33131			- \$1-ZIP							
TITLE		П.			-				Change	☐ Addition	
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12 I borobu c	certify that the information supplied with	this filiag door not	avalify for the aw	amaliana a	antained in	a Chantar 11	O Florido State	iton I further portif	in the set the set.	A Common and I make	

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.

SIG	N	AΤ	U	R	F

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07

Daytime Phone #