#### LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

# DOCUMENT # L04000026946

1. Entity Name Enhanced COPD, LLC.



## **FILED** May 19, 2005 8:00 am Secretary of State

05-19-2005 90208 002 \*\*\*\*50.00

DO NOT WRITE IN THIS SPACE 14017878 2. Principal Place of Business 3. Mailing Address 2850 Empire Place Residence Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number Not Applicable Sanford, 56-2453635 32773 Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 32773 USA 7. Name and Address of Current Registered Agent Bridget Grant DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) <u> 2850 Empire Place</u> IN THIS SPACE City Sanford 8, 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 obligation SIGNATURE FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. TITLE TITLE Owner NAME NAME Bridget Grant STREET ADDRESS STREET ADDRESS 2850 Empire Place CITY-ST-ZIP CITY-ST-ZIP Sanford, Fl 32773 TITLE TITLE Operations Mgr. NAME Jarvis Grant STREET ADDRESS STREET ADDRESS 2850 Empire Place CITY-ST-ZIP CITY-ST-ZIP Sanford, Fl 32773 TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR

CITY-ST-ZIP

CR2E083B (12/02)

# ATTACHMENT 14017878

### **Annual Report**

Document Number
L04000026946
Business Entity Name
ENHANCED COPD, LLC

unable due processor to the the

FEI Number

59-374373

FEI Number Status

C Applied For C Not Applicable Current

Certificate of Status Desired C Yes 6 No \$5.00 each

Principal Place of Business						
Address	2850 EMPIRE PL					
Suite, Apt. #, etc.	,					
City, State	SANFORD	, FL				
Zip Code & Country	32773					
Mailing Address						
Address	2850 EMPIRE PL					
Suite, Apt. #, etc.						
City, State	SANFORD	, FL				
Zip Code & Country	32773					

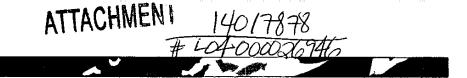
Name And Address of Registered Agent

Name (Last, First, Middle, Title)	GRANT	BRIDGET	٦		<del></del>
-or- RA Business Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Address	2850 EMPIRE PL				
Suite, Apt. #, etc.			<del></del>		
City, State	SANFORD		, FĻ	•	•
Zip Code & Country	32773	US			

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

# Registered Agent Signature BRIDGET W GRANT

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.



## **ENHANCED COPD, LLC**

Pulmonary Function Testing

2850 Empire Place Sanford, FL 32773

(407)324-8050 Fax (407)324-8090

May 10, 2005

Division of Corporations P.O. Box 6478 Tallahassee, Fl 32314

Dear Sirs,

Please see the attached UBR for the business entity above. An attempt was made to file the report online but was not processed due to an inaccurate FEI number. A call was made to the Division of Corporations and we were told the late fee would be waived if proof of an earlier attempt to file was attached.

Please call the Operations manager at (407)402-8427 with any questions regarding this matter.

Thank you for your prompt response,

Bridget Grant/Owner

BG/bwg

Enclosures: Annual Report Online

Check