

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

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

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

DOCUMENT # L04000026946

1. Entity Name

Enhanced COPD, LLC.



**DO NOT WRITE IN THIS SPACE**

14017878

2. Principal Place of Business

Residence

Suite, Apt. #, etc.

3. Mailing Address

2850 Empire Place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Sanford, FL 32773

4. FEI Number

56-2453635

Applied For

Not Applicable

Zip

Country

USA

Zip

32773

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Bridget Grant

Street Address (P.O. Box Number is Not Acceptable)

2850 Empire Place

City

Sanford

FL

32773

**DO NOT WRITE  
IN THIS SPACE**

8. I, the above named entity, submit 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, typed or printed name of registered agent and title if applicable.

DATE

5/10/05

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Owner  
Bridget Grant  
2850 Empire Place  
Sanford, FL 32773

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Operations Mgr.  
Jarvis Grant  
2850 Empire Place  
Sanford, FL 32773

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/10/05

407-324-8050

CR2E083B (12/02)

ATTACHMENT  
14017878

Annual Report

Document Number  
L04000026946  
Business Entity Name  
ENHANCED COPD, LLC

Unable to process due to inaccurate FEI #.

FEI Number 59-374373  
FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current  
Certificate of Status Desired ☐ Yes ☒ 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, \_\_\_\_\_  
-or- RA Business Name \_\_\_\_\_  
Address 2850 EMPIRE PL  
Suite, Apt. #, etc. \_\_\_\_\_  
City, State SANFORD, FL  
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.

ATTACHMENT

14017878

# 404000026946

**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