2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007300

Entity Name: COPD MANAGEMENT, INC.

FILED Apr 15, 2009 Secretary of State

Current Pr	incinal Place	e of Business:	New Princ	New Principal Place of Business:	
	TH AVE SU			ypui i iuoc oi Businessi	
Current Ma	ailing Addre	ss:	New Maili	New Mailing Address:	
2937 SW 2 MIAMI, FL	7TH AVE SU 33133	TE 305			
FEI Number:	20-1048224	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
2937 SW 2	ROBERT C 7TH AVE GROVE, FL	33133 US			
The above in the State		submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS	AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BARRETT, RO 2937 SW 27Th) Delete BERT C 1 AVENUE, SUITE 305 OVE, FL 33133	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WALSH, JOHN 2937 SW 27TH) Delete W H AVENUE, SUITE 305 OVE, FL 33133	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCCONNELL,	ESS BOULEVARD	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition GREENE, JR., ROBERT L 3541 SUNRISE RIDGE TWIN LAKE, MI 49457	
Title: Name: Address: City-St-Zip:	DC (REES, AB 810 W 57TH T KANSAS CITY,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (SANOHAUS, R 5005 KING CR BOW MAR, CO	EST LANE	Title: Name: Address: City-St-Zip:	DV (X) Change () Addition SANDHAUS, ROBERT A 2937 SW 27TH AVE, SUITE 305 COCONUT GROVE, FL 33133	
Title: Name: Address: City-St-Zip:	SD (CHAKRAVORT 6728 SONYA [NASHVILLE, TI	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. BARRETT DCEO 04/15/2009