

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003808

FILED  
May 16, 2009  
Secretary of State

Entity Name: COSHARE, INC.

## Current Principal Place of Business:

2675 EGRET LANE  
TALLAHASSEE, FL 32308 US

## New Principal Place of Business:

## Current Mailing Address:

2958 FOXCROFT DR.  
TALLAHASSEE, FL 32309 US

## New Mailing Address:

5355 CARISBROOKE LANE  
TALLAHASSEE, FL 32309 US

FEI Number: 59-3457740      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

KAHN, DAVID B MD.  
2958 FOXCROFT DR.  
TALLAHASSEE, FL 32309 US

## Name and Address of New Registered Agent:

KAHN, DAVID B MD.  
5355 CARISBROOKE LANE  
TALLAHASSEE, FL 32309 US

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: DAVID KAHN

05/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete  
Name: KAHN, DAVID  
Address: 2675 EGRET LN  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DR. ( ) Delete  
Name: MCKINNEY, MEREDITH  
Address: 5950 MILLERS LANDING RD  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: KAHN, DAVID  
Address: 5355 CARISBROOKE LANE  
City-St-Zip: TALLAHASSEE, FL 32308

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

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: DAVID KAHN

DR

05/16/2009

Electronic Signature of Signing Officer or Director

Date