## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 26, 2005 8:00 am Secretary of State DOCUMENT # P03000091254 04-26-2005 90175 045 \*\*\*150.00 COPD MANAGEMENT, INC. Principal Place of Business Mailing Address 201 S BISCAYNE BLVD, STE 200 201 S BISCAYNE BLVD, STE 200 C/O MARC H AUERBACH, ESQ. C/O MARC H AUERBACH, ESQ. MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 20-1048224 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AUERBACH, MARC H ESQ Street Address (P.O. Box Number is Not Acceptable) 201 S BISCAYNE BLVD, STE 200 MIAMI, FL 33131 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Addition Change Bucker Richard A. NAME WALSH, JOHN W NAME 1718 E. 97th Terrace 2937 SW 27TH AVE., STE. 302 STREET ADDRESS STREET ADDRESS COCONUT GROVE, FL 33133 CITY-\$1-ZIP CITY-ST-ZIP Kansas City, MO 64131 CEO TITLE Delete TITLE Change Addition BARRETT, ROBERT C NAME Masterson, Patricia A. NAME 164 Riverdall Prive 2937 SW 27TH AVE., STE. 305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 CITY+ST-7IP Saunderstown, RI 02874 ☐ Defete TITLE TITLE ☐ Change Addition Rees, Ab NAME BORSCHOW, JON NAME 810 W, 57th Terrace ZONA LIBRA DE COMERCIO, BLDG. 10 STREET ADDRESS STREET ADDRESS GUAYNABO, PR 00965 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ■ Addition SANDHAUS, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 5005 KING CREST LANE LITTLETON, CO 80123 CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Addition NAME MCCONNELL, MICHAEL R NAME STREET ADDRESS 3561 INVERNESS BLVD. STREET ADDRESS CITY-SI-ZIP CARMEL, IN 46032 CITY-ST-7IP Delete TITLE Change □ Addition CHAKRAVORTY, BONNIE STREET ADDRESS 112 PACKARD AVE. STREET ADDRESS CITY-ST-ZIP WEST MEDFORD, MA 02156 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i). 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 eath; that I am an officer or director of the corporation or the receiver or trysteed 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 gradieness, with all other like empowered.

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