


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90278 048 \*\*\*150.00

|  |   |                     |   |   |  |
|--|---|---------------------|---|---|--|
| <b>DOCUMENT # P24842</b><br>1. Entity Name<br><b>CARDIO RESPIRATORY ASSISTANCE, INC.</b>   |   |                     |   |    |  |
| Principal Place of Business<br><b>5915-17 N. LINCOLN AVENUE<br/>CHICAGO, IL 60659</b>  |   |                     | Mailing Address<br><b>5915-17 N. LINCOLN AVENUE<br/>CHICAGO, IL 60659</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |   |   |  |
| City & State   |   | City & State        |   | 4. FEI Number<br><b>36-2891527</b>  |  |
| Zip  |   | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent  |   |                     |   | 7. Name and Address of New Registered Agent   |  |
| <b>COOPER, ROMAN S.<br/>9999 COLLINS UNIT 4F<br/>BAL HARBOUR, FL 33154</b>   |   |                     |   | Name<br><b>BARBARA S. COOPER</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9999 COLLINS UNIT 4F</b><br>City<br><b>BAL HARBOUR FL 33154</b>                |  |
| 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.<br>SIGNATURE: <u><i>Roman S. Cooper</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-18-2007</u>  |   |                     |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS   |   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>PDS<br/>COOPER, ROMAN S.<br/>5915-17 N. LINCOLN AVE.<br/>CHICAGO, IL</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>PRESIDENT/CEO<br/>BARBARA S. COOPER<br/>5915-17 N. LINCOLN AVENUE<br/>CHICAGO, IL 60659</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>VPDS<br/>COOPER, REGINA<br/>5915-17 N. LINCOLN AVE.<br/>CHICAGO, IL</b> <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>BOARD DIRECTOR<br/>JANELLE COOPER<br/>5915-17 N. LINCOLN AVENUE<br/>CHICAGO, IL 60659</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |                     |   |   |  |
| SIGNATURE: <u><i>Roman S. Cooper</i></u>   |   |                     | 04-18-2007<br>Date Daytime Phone #  |   |  |