

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE SENATE

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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) – All Filers Are Required to Complete This Page

1. Registrant Name Powell Goldstein LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 901 New York Avenue, N.W., Suite 300, Washington, D.C. 20001			
3. Principal Place of Business (if different from line 2) City: N.A. State/Zip (or Country)			
4. Contact Name Cynthia Berry	Telephone (202) 347-0066	E-mail (optional)	5. Senate ID # 31942-2067
7. Client Name <input type="checkbox"/> Self HyOx Medical Treatment Center	6. House ID # 31255143		

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____ 11. No Lobbying

INCOME OR EXPENSES – Complete Either Line 12 OR Line 13

12. Lobbying Firms
INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000
\$10,000 or more ⇨ \$ 60,000
Income (nearest \$20,000)

Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations
EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000
\$10,000 or more ⇨ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of method.

- Method A. Reporting amounts using LDA definition
- Method B. Reporting amounts under section 602 Internal Revenue Code
- Method C. Reporting amounts under section 162 Internal Revenue Code

Signature _____

Printed Name and Title _____

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Form LD-2 (REV. 6/98)

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Registrant Name Powell Goldstein LLP

Client Name: HyOx Medical Treatment Center

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which t engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each c** information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Issues regarding Medicare reimbursement and coverage.

17. House(s) of Congress and Federal agencies contacted

Check if None

- U.S. Senate**
- U.S. House of Representatives**
- Center for Medicare and Medicaid Services**
- U.S. Department of Heath and Human Services**

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Steven Stranne	
Cynthia Berry	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature Cynthia E. Berry AUGUST 15, 2005

Printed Name and Title CYNTHIA E. BERRY, PARTNER

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