2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am V53073 DOCUMENT # **Secretary of State** 1. Entity Name 03-25-2002 90033 018 ***150.00 BREATHING SYSTEMS INC. Principal Place of Business Mailing Address 8800 GROW DRIVE 8800 GROW DRIVE PENSACOLA FL 32514 PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3138017 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLOOD, MIKE G. Street Address (P.O. Box Number is Not Acceptable) 8800 GROW DR. PENSACOLA FL 32514 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE □ Delete TITLE ☐ Change ☐ Addition FLOOD, MIKE G NAME NAME 8800 GROW DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition FLOOD, MARILYN NAME NAME 8800 GROW DR STREET ADDRESS STREET ADDRESS PENSACOLA FL 32514 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNAMICE PROMINED

FILED