

F02000000223^{cl}

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PULMONARY SOLUTIONS INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

800004768198--8

-01/11/02--01021--001

*****70.00 *****70.00

WILLIAM M. COPELAND

(Name of Person)

WILLIAM M. COPELAND & ASSOC. LLC

(Firm/Company)

4780 Socialville Foster Road

(Address)

Mason, OH 45040

(City/State and Zip code)

For further information concerning this matter, please call:

William M. Copeland
(Name of Person)

at (888) 778-9888

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

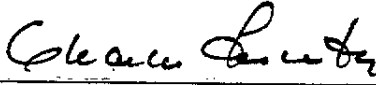
- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Pulmonary Solutions, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Ohio 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 9, 1998 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2330 Victory Parkway, Suite 804, Cincinnati, OH 45206
(Principal office address)
4780 Socialville Foster Road, Mason, OH 45040
(Current mailing address)
8. Respiratory Therapy, Sleep Therapy and lawful activity for which
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) corporation may
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) engage in the state
Name: Charles Lubitz Florida
Office Address: 515 N. Flagler Drive
W. Palm Beach, Florida 33401
(City) (Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: William Mack Copeland

Address: 4780 Socialville Foster Road
Mason, OH 45040

Vice Chairman: _____

Address: _____

Director: Thomas L. Jordan

Address: 4780 Socialville Foster Road
Mason, OH 45040

Director: Hugh S. Woodall

Address: 2330 Victory Parkway
Cincinnati, OH 45206

(continued on reverse) --

B. OFFICERS

President: Jean Dennig

Address: 4780 Socialville Foster Road
Mason, OH 45040

Vice President: Melissa Laake

Address: 4780 Socialville Foster Road
Mason, Ohio 45040

Secretary: William Mack Copeland

Address: 4780 Socialville Foster Rd. Mason, OH 45040

Treasurer: Jean Dennig

Address: 4780 Socialville Foster Road, Mason, OH 45040

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Wm Copeland
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William Mack Copeland, Chairman
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.

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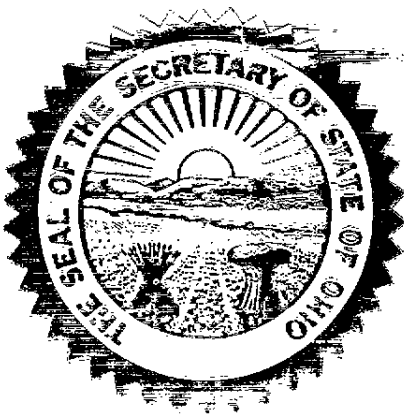
I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show PULMONARY SOLUTIONS, INC., an Ohio corporation, Charter No. CP14468, having its principal location in Cincinnati, County of Hamilton, was incorporated on April 9th, 1998 and is currently in GOOD STANDING upon the records of this office.

WITNESS my hand and official seal

at Columbus, Ohio on

November 13, 2001

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02 JAN 11 PM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State