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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

FOREIGN PROFIT/NONPROFIT CORPORATION

RESPIRONICS, INC.

Certificate of Status	0
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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. Resprionics, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 25-1304989

(FEI number, if applicable)

4. 2/22/1984

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Resprionics, Inc., 1010 Murry Ridge Lane, Murrysville, PA 15668

(Principal office address)

same

(Current mailing address)

8. development, manufacture, distribution and sale of medical devices

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Corporation Service Company**

Office Address: **1201 Hays Street**

Tallahassee

(City)

Florida 32301

(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)

JOHN H. PELLETIER

ASST. VICE PRESIDENT

**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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DIVISION

Address:

Vice Chairman:

Address:

Director: **Joseph E. Innamorati**

Address: Philips Electronics North America Corporation

3000 Minuteman Road, Building 1 (MS109), Andover, MA 01810

Director: Pamela L. Dunlap

Address: Philips Electronics North America Corp., 3000 Minuteman Road, Andover, MA 01810

President: Donald J. Spence

Address: Respironics, Inc.

1010 Murry Ridge Lane, Murrysville, PA 15668

Vice President: **Pamela L. Dunlap**

Address: Philips Electronics North America Corporation

3000 Minuteman Road, Andover, MA 01810

Secretary: Joseph E. Innamorati, Philips Electronics North America Corporation

Address: 3000 Minuteman Road, Building 1 (MS109), Andover, MA 01810

Treasurer: Daniel J. Beyeveno

Address: **Respironics, Inc., 1010 Murry Ridge Lane, Murrysville, PA 15668**

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

13. Halp Eames
(Signature of Director or Officer listed in number 12 of the application)

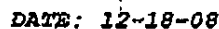
14 Daniel J. Bevevino

(Typed or printed name and capacity of person signing application)

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AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE.



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