

MAY. 29. 2009

**F09000002174**

P. 1

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H09000131488 3)))



H090001314883ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

09 MAY 29 AM 9:57

RECEIVED  
DEPARTMENT OF STATE

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**COALITION FOR PULMONARY FIBROSIS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY 29 PM 1:21

**FILED**

*Susan 2956*

Electronic Filing Menu

Corporate Filing Menu

Help

J. Stivers JUN 01 2009

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

**1. Coalition for Pulmonary Fibrosis Inc.**

(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

**2. California**

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

**3. 91-2144423**

(FEI number, if applicable)

**4. August 3, 2001**

(Date of Incorporation)

**5. Perpetual**

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

**6. N/A**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

**7. 1659 Branham Lane, Suite F, #227, San Jose, California 95118-5226**

(Principal office address)

**Same as above**

(Current mailing address)

**8. Promote awareness of pulmonary fibrosis.**

(Purpose(s) of corporation authorized in home state or country to be carried out in the 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**, Florida **32301**

(City)

(Zip Code)

**FILED**  
 2009 MAY 29 PM 1:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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.*

Corporation Service Company

By: Sue G. Knight  
 (Registered agent's signature)

**Sue G. Knight**  
 as its agent

**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.**

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

**A. DIRECTORS**

Chairman: Please see attached.

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Please see attached.

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

14. Mark Shreve, Chief Operating Officer

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

2009 MAY 29 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## Coalition for Pulmonary Fibrosis

Application by Foreign Not For Profit Corporation for  
Authorization to Conduct Its Affairs in Florida

## Items 12 A and B: Directors and Officers

Name	Title	Address
Mishka Michon	Chief Executive Officer	1659 Branham Lane, Suite F, #227 San Jose, California 95118-5226
Mark Shreve	Chief Operating Officer	1659 Branham Lane, Suite F, #227 San Jose, California 95118-5226
Teresa Barnes	VP, Patient Outreach & Advocacy	1659 Branham Lane, Suite F, #227 San Jose, California 95118-5226
Su Hwang	Associate Director, Development & Director, Special Events	1659 Branham Lane, Suite F, #227 San Jose, California 95118-5226
Marvin Schwarz	Chairman of Board	1659 Branham Lane, Suite F, #227 San Jose, California 95118-5226
Gregory Tino	Vice Chairman of Board	1659 Branham Lane, Suite F, #227 San Jose, California 95118-5226
Paul Noble	Chairman, Scientific Advisory Board	1659 Branham Lane, Suite F, #227 San Jose, California 95118-5226
Deirdre Roney	Treasurer of Board	1659 Branham Lane, Suite F, #227 San Jose, California 95118-5226
Celeste Belyea	Secretary of Board	1659 Branham Lane, Suite F, #227 San Jose, California 95118-5226
Shirley Becker	Member-at-Large of Board	1659 Branham Lane, Suite F, #227 San Jose, California 95118-5226
Jeff Harris	Member-at-Large of Board	1659 Branham Lane, Suite F, #227 San Jose, California 95118-5226

FILED  
2009 MAY 29 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

COALITION FOR PULMONARY FIBROSIS

FILE NUMBER: C2273942  
FORMATION DATE: 08/03/2001  
TYPE: DOMESTIC NONPROFIT CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

2009 MAY 29 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to exercise  
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of May 20, 2009.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State