

**F10000004139**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

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

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Novasom, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

RECEIVED SEP 15 2010

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. Shivers SEP 16 2010

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Novasom, 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," or "Certificate of Good Standing" 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:**

2011 SEP 15 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Holly Shaw  
Name of Person

Novasom, Inc  
Firm/Company

801 Cromwell Park Drive, Suite 108  
Address

Glen Burnie MD 21061  
City/State and Zip code

sdet@novasom.com  
E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Name of Person \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

**New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

**MAILING ADDRESS:**

**New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

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

**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. Novasom, 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. 77-0328116

(FEI number, if applicable)

4. 03/10/2010

(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. 801 Cromwell Park Drive Suite 108, Glen Burnie, MD 21061

(Principal office address)

SAME

(Current mailing address)

8. at home diagnostic sleep testing

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.*

C T Corporation System

By: 

(Registered agent's signature)

Jimena Fernandez

Vice President

and Assistant Secretary

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 SEE ATTACHMENT**

Chairman: D. Keith Crossman

Address: TPG Biotech, LP 345 California Street, Suite 3300  
San Francisco, CA 94104

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

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

Director: Ned Brown

Address: TPG Biotech, LP 345 California Street, Suite 3300  
San Francisco, CA 94104

Director: Annette Campbell-White

Address: MedVenture Associates, 5980 Horton Street #380  
Emeryville, CA 94608

**B. OFFICERS SEE ATTACHMENT**

President: Richard M Hassett M.D.

Address: 801 Cromwell Park Drive Suite 108  
Glen Burnie, MD 21061

Vice President: Kevin T Quinn

Address: 801 Cromwell Park Drive Suite 108  
Glen Burnie, MD 21061

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

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

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

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

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

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

Richard W. Sunderland, Jr., Secretary

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

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TALLAHASSEE, FLORIDA

1	Full Name:	Richard W Sunderland, Jr.
	Officer/Director:	Officer
	Officer's Title:	CFO
	Director's Title:	
	Business Address:	801 Cromwell Park Drive Suite 108
	City:	Glen Burnie
	State:	MD
	ZIP Code:	21061
2	Full Name:	Roger K Richardson
	Officer/Director:	Officer
	Officer's Title:	Vice President
	Director's Title:	
	Business Address:	801 Cromwell Park Drive Suite 108
	City:	Glen Burnie
	State:	MD
	ZIP Code:	21061
3	Full Name:	Adele C. Oliva
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Other Director
	Business Address:	Quaker BioVentures, Inc 2929 Arch Street, Suite 2700
	City:	Philadelphia
	State:	PA
	ZIP Code:	19104

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVASOM, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8226367

DATE: 09-14-10