

10/1/2013 12:11:57 From: To: 850676381

Division of Corporations

Florida Department of State
Division of Corporations
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.

((H13000217254 3)))



H130002172543ABCZ

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

RE-SUBMIT

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

Please retain original filing
date of submission 9/30

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
BREATHE HOMECARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	056
Estimated Charge	\$70.00

RECEIVED
13 OCT -1 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 SEP 30 PM 1:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

Ps 10/2/13
9/30/2013

10/1/2013 12:17:57 From: To: 8506176381

(2/6)

850-617-8381 10/1/2013 12:11:44 PM PAGE 1/001 Fax Server



October 1, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: BREATHE HOMECARE, INC.
REF: W13000054376

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX Aud. #: B13000217254
Letter Number: 013A00022986

RE-SUBMIT

Please re-submit filing
date of submission 9/30

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Breathe Homecare, 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:

Kathryn Jordan

Name of Person

Wilson Sonsini Goodrich & Rosati

Firm/Company

650 Page Mill Road

Address

Palo Alto, CA 94304

City/State and Zip code

kajordan@wsgr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Jordan

at (650) 461-6112

Name of Person

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

13 SEP 30 PM 1:50

*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. Breathe Homecare, 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

3. 46-3571551

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

(FEI number, if applicable)

4. 09/03/2013

5. Perpetual

(Date of incorporation)

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

6. Date of Registration

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

7. 175 Technology Drive Suite 100, Irvine, CA 92618

(Principal office address)

175 Technology Drive Suite 100, Irvine, CA 92618

(Current mailing address)

8. A company that develops 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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

CT Corporation System

By: Connie Bryan

(Registered agent's signature)

Connie Bryan

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 SEP 30 PM 4:50

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

A. DIRECTORS

Chairman: Lawrence A. Mastrovich

Address: 175 Technology Drive Suite 100, Irvine, CA 92618

Vice Chairman: Lawrence A. Mastrovich

Address: 175 Technology Drive Suite 100, Irvine, CA 92618

Director: Lawrence A. Mastrovich

Address: 175 Technology Drive Suite 100, Irvine, CA 92618

Director: _____

Address: _____

B. OFFICERS

President: Lawrence A. Mastrovich

Address: 175 Technology Drive Suite 100, Irvine, CA 92618

Vice President: Lawrence A. Mastrovich

Address: 175 Technology Drive Suite 100, Irvine, CA 92618

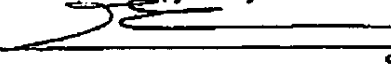
Secretary: Martin Waters

Address: 175 Technology Drive Suite 100, Irvine, CA 92618

Treasurer: Gary Berman

Address: 175 Technology Drive Suite 100, Irvine, CA 92618

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

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Gary Berman - Treasurer

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 SEP 30 PM 1:50

PAGE 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BREATHE HOMECARE, 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 TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2013.

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

5392693 8300

131140299

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0773796

DATE: 09-27-13