

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90034 049 ***150.00

DOCUMENT # P00000041152

1. Entity Name

BSI BREATHING SYSTEMS INC.
BSI MEDICAL SYSTEMS .INC.

Principal Place of Business

8800 GROW DRIVE
PENSACOLA FL 32514

Mailing Address

8800 GROW DRIVE
PENSACOLA FL 32514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3716208

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIEVT, KELLY & ODOM, P.A.
15 WEST MAIN STREET
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FLOOD, MIKE G**
STREET ADDRESS **8800 GROW DR.**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **ST** ☐ Delete
NAME **FLOOD, MARILYN**
STREET ADDRESS **8800 GROW DR.**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

(850) 477-2324

Daytime Phone #

CR2E034 (9/01)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

Attachment

DATE OF THIS NOTICE: 05-14-2001
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 59-3716208
FORM: SS-4
0716933162 0

X

BSI BREATHING SYSTEMS INC
% MIKE G FLOOD
8800 GROW DR
PENSACOLA FL 32514

#P000000 4/152

FOR ASSISTANCE CALL US AT:
1-800-829-1040

749952

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3716208. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Keep this part for your records.

CP 575 E (Rev. 1-2001)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 E

0716933162

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 05-14-2001
EMPLOYER IDENTIFICATION NUMBER: 59-3716208
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

BSI BREATHING SYSTEMS INC
% MIKE G FLOOD
8800 GROW DR
PENSACOLA FL 32514

Attachment



749952

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 26, 2001

ROBERT W. KIEVIT
KIEVIT, KELLY & ODOM
15 WEST MAIN STREET
PENSACOLA, FL 32501

Re: Document Number P00000041152

The Articles of Amendment to the Articles of Incorporation of BSI BREATHING SYSTEMS INC. which changed its name to BSI MEDICAL SYSTEMS INC., a Florida corporation, were filed on December 17, 2001.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Teresa Brown
Corporate Specialist
Division of Corporations

Letter Number: 101A00066942

RECEIVED DEC 28 2001