

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 PROFIT CORPORATION ANNUAL REPORT

2018



Due May 15, 2018

File Online at www.michigan.gov/corpfileonline

Identification Number 801053065	Corporation name NSPIRE HEALTH, INC.
Resident agent name and mailing address of the registered office CSC-LAWYERS INCORPORATING SERVICE (COMPANY) 601 ABBOT ROAD EAST LANSING, MI 48823	
The address of the registered office 601 ABBOT ROAD EAST LANSING, MI 48823	TranInfo:2 22994770-1 05/14/18 Chk#: 43080 Amt: \$25.00 ID: 801053065 FILED JUL 26 2018 CORPORATIONS DIVISION

If no change in the address of the registered office and/or resident agent proceed to Item 4.

1. Mailing address of registered office in Michigan if changed (may be a P O Box)	2. Resident Agent if changed
3. The address of the registered office in Michigan if changed (a P O Box may not be designated as the address of the registered office)	
4. Describe the general nature and kind of business in which the corporation engaged in during the year covered by this report Manufacturer respiratory equipment, supplies and service.	
5	
NAME	BUSINESS OR RESIDENCE ADDRESS
President (Required) President: Michael S. Sims	1830 Lefthand Cir, Longmont, CO 80501
If different than President Secretary (Required)	
Treasurer (Required) VP, Finance: Joseph Fryberger	1830 Lefthand Cir, Longmont, CO 80501
If different than Officers Director	Michael S. Sims
Director	1830 Lefthand Cir, Longmont, CO 80501
Director	
Director	
Director	
6 Michigan Tax Apportionment Percentage Submit an amended application to report a change in authorized shares For increases in shares attributable due to an increase in apportionment percentage, you may complete the enclosed worksheet and remit any additional admission fees with this report in lieu of filing an amended application Worksheet only included if total authorized shares is greater than previous attributable shares	
Total authorized shares <u>5,000,000</u>	Most recent _____ % for year ending <u> / /</u>
Previous attributable shares <u>60,000</u>	Previous period _____ % for year ending _____
7. Signature of authorized officer or agent	Title VP of Finance
	Date 5/11/2018
	Phone (Optional)

Filing Fee: \$25

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If received after May 15, penalty fees will be assessed.

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or mail your completed report with a check or money order payable to the State of Michigan

Return to Corporations Division
 P O. Box 30702
 Lansing, MI 48909
 (517) 241-6470