

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 05, 2006  
Secretary of State**

DOCUMENT# F02000004448

Entity Name: ORIDION CAPNOGRAPHY, INC.

**Current Principal Place of Business:**

21 HIGHLAND CIRCLE  
NEEDHAM, MA 02494

**New Principal Place of Business:**

**Current Mailing Address:**

21 HIGHLAND CIRCLE  
NEEDHAM, MA 02494

**New Mailing Address:**

FEI Number: 94-3277806      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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: DAVE NICKELSEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: FELDMAN, GERLAND  
Address: 21 HIGHLAND CIRCLE  
City-St-Zip: NEEDHAM, MA 02494

Title: T      ( ) Delete  
Name: TABACHNIK, WALTER  
Address: 7 HAMARPE  
City-St-Zip: JERUSALEM, ISRAEL,

Title: D      ( ) Delete  
Name: TABACHNIK, WALTER  
Address: 7 HAMARPE  
City-St-Zip: JERUSALEM, ISRAEL,

Title: D      ( ) Delete  
Name: ADLER, ALAN  
Address: 7 HA MARPE  
City-St-Zip: JERUSALEM, IS 97774

Title: D      ( ) Delete  
Name: BUBIS, YACOV  
Address: 7 HA MARPE  
City-St-Zip: JERUSALEM, IS,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD FELDMAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/05/2006

\_\_\_\_\_  
Date