

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90120 027 \*\*\*150.00

DOCUMENT # *F02000004448*

1. Entity Name

ORIDION CAPNOGRAPHY, INC.

**DO NOT WRITE IN THIS SPACE**

**90056574**

2. Principal Place of Business

21 HIGHLAND CIRCLE  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEEDHAM, MA

City & State

4. FEI Number

94-3277806

Applied For

Not Applicable

Zip

02494

Country

UNITED STATES

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICES COMPANY

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

1201 HAYS STREET

City

TALLAHASSEE

**FL**

Zip Code

32301

**DO NOT WRITE  
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	PATRICIA HENNESSEY	21 HIGHLAND CIRCLE	NEEDHAM, MA 02494				
ASSISTANT SECRETARY	VADIM GILMAN	21 HIGHLAND CIRCLE	NEEDHAM, MA 02494				
D	GEORGE YARIV	21 HIGHLAND CIRCLE	NEEDHAM, MA 02494				
D	WALTER TABACHNIK	7 HA MARPE	JERUSALEM, IS				
D	YACOV BUBIS	7 HA MARPE	JERUSALEM, IS				

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Vadim Gilman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*03/12/03 (781) 453 0500*

CR2E034B (12/01)