


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000003308

1. Entity Name
RAYTEL CARDIAC SERVICES, INC.



FILED
08 NOV 10 PM 2: 33
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**7 WATERSIDE CROSSING
WINDSOR, CT 06095-1548**

**% PHILIPS ELECTRONICS N.A., ATTN: ROBERT S
200 FRANKLIN SQ DRIVE
SOEMRSET, NJ 08875**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. *Philips Electronics NA Corp.*

City & State *Tax Dept - 200 Franklin Sq. Dr.*

City & State *Somerset NJ*

Zip Country Zip Country

08854 *USA*



4. FEI Number Applied For

06-1287427 Not Applicable

5. Certificate of Status Desired Additional Fee Required

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP JOHNSON, CLIFFORD G	<input checked="" type="checkbox"/> Delete	TITLE	President Dunlop, Pamela	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7 WATERSIDE CROSSING		STREET ADDRESS	200 Minuteman Rd.	
CITY-ST-ZIP	WINDSOR, CT 06095		CITY-ST-ZIP	Andover, MA 01810	
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SASS, JR., ROBERT G		NAME	Smith, Robert N.	
STREET ADDRESS	7 WATERSIDE CROSSING		STREET ADDRESS	200 Franklin Square Drive	
CITY-ST-ZIP	WINDSOR, CT 06095		CITY-ST-ZIP	Somerset, NJ 08875	
TITLE	TS	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORAN, CAROL		NAME	Oates Warren, T.	
STREET ADDRESS	7 WATERSIDE CROSSING		STREET ADDRESS	75 Rockefeller Plaza	
CITY-ST-ZIP	WINDSOR, CT 06095		CITY-ST-ZIP	NY, NY 10020-1104	
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IFHAR, IFTI		NAME	INNAMORATI, JOSEPH E.	
STREET ADDRESS	7 WATERSIDE CROSSING		STREET ADDRESS	3000 MINUTEMAN RD, BLD 1, MS 109	
CITY-ST-ZIP	WINDSOR, CT 06095		CITY-ST-ZIP	ANDOVER, MA 01810	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *11/3/08* *732-543-3648*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #