

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004448

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** ORIDION CAPNOGRAPHY, INC.

**Current Principal Place of Business:**

160 GOULD ST  
STE 205  
NEEDHAM, MA 02494

**New Principal Place of Business:**

**Current Mailing Address:**

160 GOULD ST  
STE 205  
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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FELDMAN, GERALD  
Address: 12 LOCUST ST.,  
City-St-Zip: HIGHLANDS, NJ 07732

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

Title: O  
Name: RAVI, INDU  
Address: 236 DAVIS ROAD  
City-St-Zip: BEDFORD, MA 01730

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

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

Title: O  
Name: DOMINIC, CORSALE  
Address: 27 LAUREL LANE, MARLBOROUGH, CT 06447  
City-St-Zip: MARLBOROUGH, CT 06447

I hereby 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 all other like empowered.

SIGNATURE: INDU RAVI

TREA

02/09/2012

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

\_\_\_\_\_  
Date