

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000009310

Entity Name: RYCOR MEDICAL INC.

**FILED**  
**Jul 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2053 ATWATER DRIVE  
NORTH PORT, FL 34288

**New Principal Place of Business:**

**Current Mailing Address:**

2053 ATWATER DRIVE  
NORTH PORT, FL 34288

**New Mailing Address:**

FEI Number: 20-2213688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIMPERT, RYAN C  
2053 ATWATER DRIVE  
NORTH PORT, FL 34288 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: RYAN C. LIMPERT

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LIMPERT, CLIFFORD P  
Address: 15520 AVERY RD.  
City-St-Zip: PORT CHARLOTTE, FL 33981

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: RYAN C. LIMPERT

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

V.P

07/07/2011

\_\_\_\_\_  
Date