

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000123671

1. Entity Name
INTRA-CARDIAC DEVICES INC



08 OCT 27 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
105 VIA PARADISIO
PALM BEACH GARDENS, FL 33418

Mailing Address
105 VIA PARADISIO
PALM BEACH GARDENS, FL 33418

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10222008 REIN-P CR2E098 (1/07)

4. FEI Number
20-5629521

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRANCHIDA, ANTHONY J
105 VIA PARADISIO
PALM BEACH GARDENS, FL 33418

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

Anthony J. Tranchida

(NOTE: Registered Agent signature required when reinstating)

DATE

10/22/08

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

P
TRANCHIDA, ANTHONY J
105 VIA PARADISIO
PALM BEACH GARDENS, FL 33418

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

200137324152
10/27/08--01053--016 **150.00

☐ Change ☐ Addition

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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:

Anthony J. Tranchida
ANTHONY J TRANCHIDA

Date

Daytime Phone #

10/22/08

561-346-0116

3rd

10/28