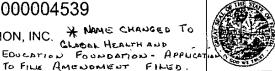
2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

TO FILE AMENDMENT

DOCUMENT # F00000004539

1. Entity Name 1. Entity Name
WHEELCHAIR FOUNDATION, INC. ** NAME CHANGED TO
CLASSE HEALTH AND



FILED

Jan 23, 2008 8:00 am

Secretary of State 01-23-2008 90007 016 ****61.25

Daytime Phone

4000000-

Principal Place of Business 3820 BLACKHAWK ROAD DANVILLE, CA 94506-4617

SIGNATURE: <

Mailing Address

3820 BLACKHAWK ROAD DANVILLE, CA 94506-4617

FILED

2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008	Chg-NP CR	2E037 (12/06)		
1000								
City & State		City & State		4. FEI Number 94-33538	81		pplied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Add Fee Require	titional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
KALINOSKI, SHARON								
2131 HOLLYWOOD BLVD STE 505 HOLLYWOOD, FL 33020-6753			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City	, − 1 - 1 - 		FL Zip Cod	е	
	named entity submits this statement for thions of registered agent.	ne purpose of changing its	registered office or	registered agent, or both, in			and accept	
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signatu	ze required when reinstating)	D	ATE		
	Filing Fee is \$61.25 Due by May 1, 2008	-	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS 11			11.	. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEINKE, STEPHEN 3820 BLACKHAWK ROAD DANVILLE, CA 94506	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEHRING, DAVID E 3820 BLACKHAWK ROAD DANVILLE, CA 945064617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT CALLISON, EARL J 376 SHIRE OAK CT LAFAYETTE, CA 94549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, CHRISTOPHER' J 9000 CROW CANYON ROAD S-13 DANVILLE, CA 94506	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. JOHN WIN 5201 NORRIS SAN RAMON, DIRECTOR	CANYON ROP	Change AD # 300	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUDD, CHRISTOPHER L 2055 E PACIFIC COAST HWY MALIBU, CA 90265	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BEHRING, KENNETH E 3820 BLACKHAWK RD DANVILLE CA 94506	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP			☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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 617, 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 ampowered.

SIGNING OFFICER OR DIRECTOR