

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90032 045 ***150.00

DOCUMENT # F01000004855					
1. Entity Name TURBOCARE, INC.					
Principal Place of Business 4400 ALAFAYA TRAIL ORLANDO, FL 32826			Mailing Address C/O SIEMENS CORPORATION 170 WOOD AVENUE SOUTH ISELIN, NJ 08830		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3744121	
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		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEWS, DONALD C 2140 WESTOVER ROAD CHICOPEE, MA 01022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANCK, CHRISTOPHER J 4400 ALAFAYA TRAIL ORLANDO, FL 32826		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS POMPETZKI, GEORGE 186 WOOD AVENUE SOUTH ISELIN, NJ 08830		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Martha H. Kuhn 4400 Alafaya Trail Orlando, Florida 32826	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SABB, FRED 4 PRINCESS ROAD, SUITE 204 LAWRENCEVILLE, NJ 08648		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOYCE, BRYAN 2140 WESTOVER ROAD CHICOPEE, MA 01022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANNAH, BRIAN 2140 WESTOVER ROAD CHICOPEE, MA 01022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Christopher J. Ranck</u> Christopher J. Ranck, Secretary <u>3/10/04</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					