2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# F01000004855

Entity Name: TURBOCARE, INC.

Current Principal Place of Business:

4400 ALAFAYA TRAIL
ORLANDO, FL 32826

New Principal Place of Business:

2140 WESTOVER RD.
CHICOPEE, MA 01022

Current Mailing Address:

C/O SIEMENS CORPORATION
170 WOOD AVENUE SOUTH
ISELIN, NJ 08830

New Mailing Address:

FEI Number: 59-3744121 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CLEWS, DONALD C	
Address:	2140 WESTOVER ROAD	
City-St-Zip:	CHICOPEE, MA 01022	
Title:	S	( ) Delete
Name:	RANCK, CHRISTOPHER J	
Address:	4400 ALAFAYA TRAIL	
City-St-Zip:	ORLANDO, FL 32826	
Title:	AS	( ) Delete
Name:	GOTLIFFE, ALAN	
Address:	170 WOOD AVE S	
City-St-Zip:	ISELIN, NJ 08830	
Title:	AS	( ) Delete
Name:	SABB, FRED	
Address:	4 PRINCESS ROAD, SUITE 204	
City-St-Zip:	LAWRENCEVILLE, NJ 08648	
Title:	V	( ) Delete
Name:	JOYCE, BRYAN	
Address:	2140 WESTOVER ROAD	
City-St-Zip:	CHICOPEE, MA 01022	
Title:	V	( ) Delete
Name:	HANNAH, BRIAN	
Address:	2140 WESTOVER ROAD	
City-St-Zip:	CHICOPEE, MA 01022	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN GOTLIFFE AS 04/06/2006

Electronic Signature of Signing Officer or Director — Date