

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004855

FILED
Apr 18, 2012
Secretary of State

Entity Name: TURBOCARE, INC.

Current Principal Place of Business:

2140 WESTOVER RD.
CHICOPEE, MA 01022

New Principal Place of Business:

2140 WESTOVER RD.
CHICOPEE, MA 01022 US

Current Mailing Address:

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

New Mailing Address:

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

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

OFFICERS AND DIRECTORS:

Title: P
Name: GLYNN, BRIAN
Address: 2140 WESTOVER ROAD
City-St-Zip: CHICOPEE, MA 01022 US

Title: VP
Name: JOYCE, BRYAN
Address: 2140 WESTOVER ROAD
City-St-Zip: CHICOPEE, MA 01022 US

Title: S
Name: READER, RUSSELL
Address: 4400 ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826 US

Title: D
Name: ZWIRN, RANDY
Address: 4400 ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826 US

Title: D
Name: WEEKS, CRAIG
Address: 4400 ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826 US

Title: AS
Name: GOTLIFFE, ALAN
Address: 170 WOOD AVENUE SOUTH
City-St-Zip: ISELIN, NJ 08830 US

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: ALAN GOTLIFFE

AS

04/18/2012

Electronic Signature of Signing Officer or Director

Date