

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F05000002031

Entity Name: SILVER ZEBRA INC

**FILED**  
**Mar 27, 2008**  
**Secretary of State****Current Principal Place of Business:**8550 TOUCHTON RD. EAST UNIT 217  
JACKSONVILLE, FL 32216**New Principal Place of Business:**8550 TOUCHTON ROAD EAST  
UNIT 217  
JACKSONVILLE, FL 32216**Current Mailing Address:**8550 TOUCHTON RD. EAST UNIT 217  
JACKSONVILLE, FL 32216**New Mailing Address:**8550 TOUCHTON ROAD EAST  
UNIT 217  
JACKSONVILLE, FL 32216

FEI Number: 01-0818441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**RICE, SCOTT W M.D.  
8550 TOUCHTON ROAD EAST UNIT 217  
JACKSONVILLE, FL 32216 US**Name and Address of New Registered Agent:**RICE, SCOTT W M.D.  
8550 TOUCHTON ROAD EAST  
UNIT217  
JACKSONVILLE, FL 32216 US

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:

03/27/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PSTC ( ) Delete  
Name: RICE, SCOTT W M.D.  
Address: 8550 TOUCHTON ROAD EAST UNIT 217  
City-St-Zip: JACKSONVILLE, FL 32216Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: CEO (X) Change ( ) Addition  
Name: KAUFMAN, JUSIL L MBA, RN  
Address: 8550 TOUCHTON ROAD EAST UNIT 217  
City-St-Zip: JACKSONVILLE, FL 32216Title: PST ( ) Change (X) Addition  
Name: RICE, SCOTT W M.D.  
Address: 8550 TOUCHTON ROAD EAST UNIT 217  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT W RICE MD

PST

03/27/2008

Electronic Signature of Signing Officer or Director

Date