2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# F05000002031

Entity Name: SILVER ZEBRA INC

Current Principal Place of Business:

8550 TOUCHTON ROAD EAST
UNIT 217
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8550 TOUCHTON ROAD EAST
UNIT 217
JACKSONVILLE, FL 32216

New Mailing Address:

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
UNIT217
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

RICE, SCOTT W M.D.
8550 TOUCHTON ROAD EAST
UNIT 217
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: _____ 04/07/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: KAUFMAN, JUSIL L MBA, RN
Address: 8550 TOUCHTON ROAD EAST UNIT 217
City-St-Zip: JACKSONVILLE, FL 32216

Title: PST ( ) Delete
Name: RICE, SCOTT W M.D.
Address: 8550 TOUCHTON ROAD EAST UNIT 217
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: KAUFMAN, JUSIL L MBA, RN
Address: 8550 TOUCHTON ROAD EAST, UNIT 217
City-St-Zip: JACKSONVILLE, FL 32216

Title: VSD (X) Change ( ) 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 VSD 04/07/2008
Electronic Signature of Signing Officer or Director — Date