

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000077675

Entity Name: SLIPCARE, INC.

FILED
Sep 28, 2006
Secretary of State

Current Principal Place of Business:

1828 NE VAN LOON TERRACE
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

1828 NE VAN LOON TERRACE
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 20-3143235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEIN, KATHERINE
1105 CAPE CORAL PKWY EAST
SUITE C
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

STEIN, THORSTEN
1828 NE VAN LOON TERRACE
CAPE CORAL, FL 33909 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: THORSTEN STEIN

09/28/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEIN, THORSTEN
Address: 1828 NE VAN LOON TERRACE
City-St-Zip: CAPE CORAL, FL 33909

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: HARKER, CHANCE
Address: 101 NE 19TH AVENUE
City-St-Zip: CAPE CORAL, FL 33909

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: THORSTEN STEIN

P

09/28/2006

Electronic Signature of Signing Officer or Director

Date