2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# P05000077675

Entity Name: SLIPCARE, INC.

Current Principal Place of Business:

1828 NE VAN LOON TERRACE
CAPE CORAL, FL 33909

New Principal Place of Business:

920 SE 8TH PLACE
CAPE CORAL, FL 33990

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: THORSTEN STEIN P 01/14/2009
Electronic Signature of Signing Officer or Director — Date