

1.) CORPORATION NAME:

TurboCare, Inc.

DUE DATE: **5/31/2011**

SCC ID NO: **F1751025**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2140 WESTOVER ROAD

CITY/ST/ZIP: CHICOPEE, MA 01022-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: BRYAN JOYCE
TITLE: VP-FIN/CONTROLL
ADDRESS: 2140 WESTOVER RD
CITY/ST/ZIP/CO: CHICOPEE, MA 01022-

OFFICER

DIRECTOR

NAME: ALAN GOTLIFFE
TITLE: ASST SEC
ADDRESS: 170 WEST AVE SOUTH
CITY/ST/ZIP/CO: ISELIN, NJ 08030-

OFFICER

DIRECTOR

NAME: CRAIG WEEKS
TITLE: DIRECTOR
ADDRESS: 4400 ALAFAYA TRAIL
CITY/ST/ZIP/CO: ORLANDO, FL 32826-

OFFICER

DIRECTOR

NAME: RANDY ZWIRN
TITLE: DIRECTOR
ADDRESS: 4400 ALAFAYA TRAIL
CITY/ST/ZIP/CO: ORLANDO, FL 32826-

OFFICER

DIRECTOR

NAME: DONALD CLEWS
TITLE: PRESIDENT
ADDRESS: 2140 WESTOVER ROAD
CITY/ST/ZIP/CO: CHICOPEE, MA 01022-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|----------------------------------|------------------|
| <u>/s/ ALAN GOTLIFFE</u> | <u>ALAN GOTLIFFE, ASST SEC</u> | <u>8/10/2011</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.