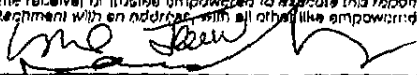
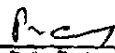


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # H37809 1. Entity Name EMERGI-CARE, INC.			
Principal Place of Business 4800 APOPKA VINELAND ROAD ORLANDO, FL 32819		Mailing Address 4800 APOPKA VINELAND ROAD ORLANDO, FL 32819	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent JAIN, USHA 4800 APOPKA VINELAND ROAD ORLANDO, FL 32819		DO NOT WRITE IN THIS SPACE	
7. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent must file if applicable		(NOTE: Registered Agent signature required when registering) _____ DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000343756 04/29/05-80110-012 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST JAIN, USHA 4800 APOPKA VINELAND RD ORLANDO, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAIN, USHA 4800 APOPKA VINELAND RD ORLANDO, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		U-26-05  Date Daytime Phone #	