



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90024 031 \*\*\*150.00

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| <b>DOCUMENT # P05000127057</b><br>1. Entity Name<br><b>INJURY CARE, INC</b>  |  |  |  |    |   |
| Principal Place of Business<br><b>7732 SILVER STAR RD. SUITE 3<br/>ORLANDO, FL 32818 00</b>  |  |  | Mailing Address<br><b>7732 SILVER STAR RD. SUITE 3<br/>ORLANDO, FL 32818 00</b>        |   |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |  | <div style="font-size: 1.2em; font-weight: bold;">40092670</div>                          |   |
| City & State   |  | City & State   |  |   |   |
| Zip  |  | Zip  |  |   |   |
| Country  |  | Country  |  | 05122006    Chg-P    CR2E034 (11/05)  |   |
| 4. FEI Number<br><div style="font-size: 1.2em; font-weight: bold;">203464149</div>   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>POLYNICE, JOANES J<br/>14141 HAMPSHIRE BAY CIRCLE<br/>WINTER GARDEN, FL 34787</b>  |  |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |
| 8. 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |   |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |  |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                           |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>POLYNICE, JOANES J<br>14141 HAMPSHIRE BAY CIRCLE<br>WINTER GARDEN, FL 34787 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>JOSEPH, ERICK<br>2101 SHANNON LAKES BLVD<br>KISSIMMEE, FL 34743            | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>BRUN, JEAN<br>3210 NEEDLESS DRIVE<br>ORLANDO, FL 32810                      | <input checked="" type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>BRUN, RUBENS<br>2103 CASSINGHAM CIRCLE<br>OCOE, FL 34761                    | <input checked="" type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>CHAMPAGNE, FRANTZ<br>1601 GLENHAVEN CIR<br>OCOE, FL 34761                  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TREASURER<br>CHAMPAGNE FRANTZ<br>1601 Glenhaven Cir<br>OCOE, FL 34761<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |  |  |   |   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | <div style="font-size: 1.2em; font-weight: bold;">5-12-06</div><br><small>Date</small> |   |   |
| <small>Daytime Phone #</small>   |  |  |  |   |   |

ATTACHMENT 40092670  
Meeting Minutes #P05000127057

A regular meeting of the board of director(s)/shareholder(s)/owner(s)

of INJURY CARE INC was held 5-11-2006 at 1:00 PM.  
(Name of Company) (Date) (Time)

The following individuals were present and participating at the meeting:

|                         |       |
|-------------------------|-------|
| <u>Joanes Polynice</u>  | _____ |
| <u>FRANTZ CHAMPAGNE</u> | _____ |
| <u>ERICK JOSEPH</u>     | _____ |
| _____                   | _____ |

With approval of the individuals present, FRANTZ CHAMPAGNE acted as Chair  
(Name)  
of the meeting and Joanes Polynice recorded the minutes.  
(Name)

On motions duly made and seconded, it was voted that:

1. The following individuals were named to the following titles:

|                         |                       |
|-------------------------|-----------------------|
| <u>Joanes Polynice</u>  | <u>President</u>      |
| (Name)                  | (Title)               |
| <u>ERICK JOSEPH</u>     | <u>Vice President</u> |
| (Name)                  | (Title)               |
| <u>FRANTZ CHAMPAGNE</u> | <u>TREASURER</u>      |
| (Name)                  | (Title)               |
| _____                   | _____                 |
| (Name)                  | (Title)               |

There being no further business, the meeting was adjourned.

Approved:   
Name and Title