

905000127057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

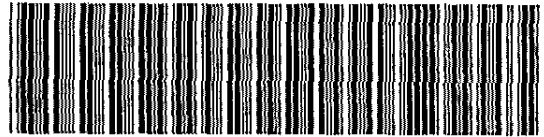
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

SUBJECT: INJURY CARE, INC  
(Name of Corporation)  
DOCUMENT NUMBER: P05000127057

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

**Please return all correspondence concerning this matter to the following:**

FRANTZ CHAMPAGNE  
(Name of Person)

(Name of Firm/Company)

1601 GLENHAVEN CIR  
(Address)

DOCEE, FL 34761  
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANTZ CHAMPAGNE (407) 294-4715 (407) 234-615

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, FRANTZ CHAMPAGNE, hereby resign as TREASURER/DIRECTOR  
(Title)  
of INTURY CARE, INC  
(Name of Corporation)  
P05000127057, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

Frantz Champagne  
(Signature of resigning officer/director)

**FILED**  
07 FEB 15 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314