2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# P09000040384

Entity Name: INJURY CARE, INC

Current Principal Place of Business:

750 S ORANGE BLOSSOM TRAIL, STE 207
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

PO BOX 682149
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 20-3464149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLYNICE, JOANES
750 S. ORANGE BLOSSOM TR, STE 207
ORLANDO, FL 32805 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: POLYNICE, JOANES
Address: PO BOX 682149
City-St-Zip: ORLANDO, FL 32868

I hereby 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 all other like empowered.

SIGNATURE: JOANES POLYNICE P 04/26/2012

Electronic Signature of Signing Officer or Director — Date