04/30/2002 07:28 954 9166411 S J SIMON

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90357 024 ***150.00

DOCUMENT # P00000113210

1. Entity Name
Advanced Wound Care, Inc.
8895 North Military Trail Suite E-300
Palm Beach Gardens FL 33410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 Scotia Dr	400 Scotia Dr
Suite, Apt. #, etc. #201	Suite, Apt. #, etc. #201
City & State Hypoluxo FL	City & State Hypoluxo FL
Zip 33462 Country	Zip 33462 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1060327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Corporate Creations Network, Inc.
Street Address (P.O. Box Number is Not Acceptable): 941 Fourth St. #200
City: Miami Beach FL Zip Code 33139

6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (If this Registered Agent signature requires written acknowledgment)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
CTSD Musso, Tony 8895 North Military Trail Suite E-300 Palm Beach Gardens	☒ Delete
PD Colucci, William R. 301 N Ocean #401 Boca Raton, FL 33432	☒ Delete
	DO NOT WRITE IN THIS SPACE
D Barker, Frank 2201 Lakeside Dr Lexington, KY 40502	
Vailati, John 670 Bella Vista Court So Jupiter, FL 33477	☒ Delete
D Santini, Wayne 102 NW 124th Ave Coral Springs, FL 33071	PSTD ☒ Change Santini, Wayne 400 Scotia Dr #201 Hypoluxo FL 33462

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or 12 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne R Santini Wayne Santini, Pres 4/30/02 561-719-1013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #