

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119773

FILED
Apr 29, 2011
Secretary of State

Entity Name: WOUND MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

725 W ST ROAD 434
SUITE C
LONGWOOD, FL 32750

New Principal Place of Business:

239 HUNT CLUB BLVD.
SUITE 102
LONGWOOD, FL 32779

Current Mailing Address:

725 W ST ROAD 434
SUITE C
LONGWOOD, FL 32750

New Mailing Address:

239 HUNT CLUB BLVD.
SUITE 102
LONGWOOD, FL 32779

FEI Number: 61-1432663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY B
725 WEST STATE ROAD 434
SUITE C
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

COHEN, JEFFREY B
239 HUNT CLUB BLVD.
SUITE 102
LONGWOOD, FL 32779 US

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: JEFFREY B. COHEN

04/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: COHEN, JILL
Address: 239 HUNT CLUB BLVD. SUITE 102
City-St-Zip: LONGWOOD, FL 32779 US

Title: ST
Name: COHEN, JEFFREY B
Address: 239 HUNT CLUB BLVD. SUITE 102
City-St-Zip: LONGWOOD, FL 32779 US

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: JEFFREY B. COHEN

ST

04/29/2011

Electronic Signature of Signing Officer or Director

Date