

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 13 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033209

1. Corporation Name

WOUND CLINICS OF AMERICA CORP.

Principal Place of Business

Mailing Address

900 E. OCEAN BLVD.
SUITE 144
STUART, FL 34994

900 E. OCEAN BLVD.
SUITE 144
STUART, FL 34994

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida
04-26-95

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0581386

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
C	LOUIS A. VIAMONTES, MD	59 RIVER ROAD	STUART, FL 34994
P	WAYNE J. STEMMER	1538 BUTTONDASH CIRCLE	PALM CITY, FL 34990
N/D	RODNEY E. EDDINGTON	900 E OCEAN BLVD #144	STUART, FL 34994
T/D	ELLEN VIAMONTES	59 RIVER ROAD	STUART, FL 34994
D	S. SCOTT TAPPER, M.D.	835 E. OSCEOLA	STUART, FL 34994

8. Name and Address of Current Registered Agent

LOUIS A. VIAMONTES, M.D.
59 N. RIVER ROAD
STUART, FL 34994

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

900002059779--6
-01/16/97--01010--010
****375 00 ****375.00
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/2/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

LOUIS A. VIAMONTES 1-791 561-287-9330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MD

Date

Daytime Phone #

CR2E040 (12/95)