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**Apr 30 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000033209 (4)

1. Corporation Name
WOUND CLINICS OF AMERICA CORP.



Principal Place of Business	Mailing Address
800 E. OCEAN BLVD. SUITE 144 STUART FL 34994	800 E. OCEAN BLVD. SUITE 144 STUART FL 34994-3503

3. Date Incorporated or Qualified 04/26/1995	3a. Date of Last Report 01/13/1997
4. FEI Number 65-0581386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIAMONTES, LOUIS A M.D.	1.2 NAME	
STREET ADDRESS	59 RIVER RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEMMER, WAYNE J	2.2 NAME	
STREET ADDRESS	1538 BUTTON BUSH CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	2.4 CITY-ST-ZIP	
TITLE	SVD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDINGTON, RODNEY E	3.2 NAME	
STREET ADDRESS	900 E. OCEAN BLVD., #144	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIAMONTES, ELLEN	4.2 NAME	
STREET ADDRESS	59 RIVER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPPER, S. SCOTT M.D.	5.2 NAME	
STREET ADDRESS	835 E. OSCEOLA	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Viamontes Louis** 4/25/97 5612879330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0010178

CR2E034 (9/96)