

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000033209 (4)  
 1. Corporation Name  
 WOUND CLINICS OF AMERICA CORP.



Principal Place of Business: 900 E. OCEAN BLVD. SUITE 144 STUART FL 34994  
 Mailing Address: 900 E. OCEAN BLVD. SUITE 144 STUART FL 34994

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 P.O. Box 447  
 27 Suite, Apt. #, etc.  
 28 City & State  
 29 Zip Country  
 30

3. Date Incorporated or Qualified: 04/26/1995  
 4. FEI Number: 65-0581386 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes  No

9. Name and Address of Current Registered Agent  
 VIAMONTES, LOUIS A M.D.  
 59 N RIVER ROAD  
 STUART FL 34994

10. Name and Address of New Registered Agent  
 81 Name: Louis A. Viamontes  
 82 Street Address (P.O. Box Number is Not Acceptable): 21 S. Sewalls Pt Rd  
 83  
 84 City: Stuart FL 85 Zip Code: 34994

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: Louis A. Viamontes, MD DATE: 9/10/98  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	VIAMONTES, LOUIS A M.D.	
STREET ADDRESS	59 RIVER RD.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STEMMER, WAYNE J	
STREET ADDRESS	1530 BUTTON BUSH CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	EDDINGTON, RODNEY E	
STREET ADDRESS	900 E. OCEAN BLVD., #144	
CITY-ST-ZIP	STUART FL 34994	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VIAMONTES, ELLEN	
STREET ADDRESS	59 RIVER RD.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAPPER, S. SCOTT M.D.	
STREET ADDRESS	835 E. OSCEOLA	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Louis A. Viamontes, MD	
1.3 STREET ADDRESS	21 S. Sewalls Pt. Rd.	
1.4 CITY-ST-ZIP	Stuart, FL. 34994	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ellen Viamontes	
2.3 STREET ADDRESS	21 S. Sewalls Pt. Rd.	
2.4 CITY-ST-ZIP	Stuart, FL. 34994	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Louis A. Viamontes, MD DATE: 9/10/98

CR2E034 (5/98)