

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2000 8:00 am
Secretary of State

09-22-2000 90004 016 ***750.00

DOCUMENT # P95000033209

1. Entity Name

WOUND CLINICS OF AMERICA CORP.

Principal Place of Business

900 E. OCEAN BLVD.
 SUITE 144
 STUART FL 34994

Mailing Address

PO BOX 447
 SUITE 144
 STUART FL 34994
 US

00107433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

51 SW Flagler Ave
 Suite, Apt. #, etc. **212**
 City & State **Stuart, FL**

3. Mailing Address

SAME

Suite, Apt. #, etc. **SAME**

City & State **SAME**

4. FEI Number

65-0581386

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOUIS A. VIAMONTES
~~213 SEWELL RD~~
STUART FL 34994

1917 NE 21st Terrace
JB, FL 34957

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	C	<input type="checkbox"/> Delete
NAME	VIAMONTES, LOUIS A M.D.	
STREET ADDRESS	213 SEWELL RD 1917 NE 21st Terr.	
CITY-ST-ZIP	STUART FL 34994 JB, FL 34957	
TITLE	P	<input type="checkbox"/> Delete
NAME	VIAMONTES, ELLEN	
STREET ADDRESS	213 SEWELL RD 1917 NE 21st Terr.	
CITY-ST-ZIP	STUART FL 34994 JB, FL 34957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VIAMONTES, ELLEN	
STREET ADDRESS	50 RIVER RD. 1917 NE 21st Terr.	
CITY-ST-ZIP	STUART FL 34994 JB, FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-2000 561-225-2752
 Date Daytime Phone #

CR2E034 (5/00)