


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000033209 1. Entity Name WOUND CLINICS OF AMERICA CORP.	
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Principal Place of Business 980 NE DIXIE HWY JENSEN BEACH, FL 34957	Mailing Address 980 NE DIXIE HWY JENSEN BEACH, FL 34957
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DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0581386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VIAMONTES, LOUIS A MD 980 NE DIXIE HWY JENSEN BEACH, FL 34957	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIAMONTES, LOUIS A 1917 N.E. 21ST TERRACE JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIAMONTES, ELLEN 1917 N.E. 21ST TERRACE JENSEN BEACH, FL 34957
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03/25/05-80028-015 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **LOUIS A. VIAMONTES MD** Date 3/15/05 Daytime Phone # (732) 486-2538