

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033209

Entity Name: WOUND CLINICS OF AMERICA CORP.

Current Principal Place of Business:

4440 PGA BLVD
SUITE 600
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4440 PGA BLVD
SUITE 600
PALM BEACH GARDENS, FL 33410 US

FEI Number: 65-0581386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIAMONTES, LOUIS AMD
4440 PGA BLVD
SUITE 600
PALM BEACH GARDENS, FL 33410 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name VIAMONTES, LOUIS A
Address 4440 PGA BLVD
 SUITE 600
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP
Name VIAMONTES, ELLEN
Address 4440 PGA BLVD
 SUITE 600
City-State-Zip: PALM BEACH GARDENS FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS A. VIAMONTES MD

PRESIDENT

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date