

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000033209

**FILED**  
**Jan 12, 2014**  
**Secretary of State**  
**CC3367753878**

**Entity Name:** WOUND CLINICS OF AMERICA CORP.

**Current Principal Place of Business:**

84 DUNBAR RD E  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

84 DUNBAR RD E  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 65-0581386

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VIAMONTES, LOUIS AMD  
84 DUNBAR RD E  
PALM BEACH GARDENS, FL 33418 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	Title	VP
Name	VIAMONTES, LOUIS A	Name	VIAMONTES, ELLEN
Address	84 DUNBAR RD E	Address	84 DUNBAR RD E
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418

*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**

**01/12/2014**

Electronic Signature of Signing Officer/Director Detail

Date