

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000090490

**Entity Name:** GENTLE HANDS WOUND CARE, PLLC

**Current Principal Place of Business:**

5258 LINTON BLVD.  
SUITE 301  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5258 LINTON BLVD.  
SUITE 301  
DELRAY BEACH, FL 33484 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

RODRIGUEZ, EUGENIO  
6190 NW 23RD STREET  
BOCA RATON, FL 33434 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

**Authorized Person(s) Detail :**

Title MGRM  
Name RODRIGUEZ, EUGENIO  
Address 6190 NW 23RD STREET  
City-State-Zip: BOCA RATON FL 33434

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: EUGENIO RODRIGUEZ**

**PRESIDENT**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date