

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000019229

**Entity Name:** WOUND&SKINEXPERTS LLC

**Current Principal Place of Business:**

5921 NE 21ST LANE  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

P.O BOX 8246  
CORAL SPRINGS, FL 33075

**FEI Number:** 47-2408655

**Certificate of Status Desired:** No

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

BROOKS, STEVEN D  
5921 NE 21ST LANE  
FORT LAUDERDALE, FL 33308 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 MGR  
Name BROOKS, STEVEN D  
Address P.O BOX 8246  
City-State-Zip: CORAL SPRINGS FL 33075

Title MGR  
Name BRAVO, JUAN O  
Address P.O BOX 8246  
City-State-Zip: CORAL SPRINGS FL 33075

Title MANAGER  
Name PALMISANO, COLLETTE  
Address P.O BOX 8246  
City-State-Zip: CORAL SPRINGS FL 33075

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN O BRAVO

MANAGER

02/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date