			Certificate of Status Desired
Name and Address of Current Registered Agent:			
BROOKS, STEVEN D 837 NE 16TH TER FORT LAUDERDALE, FL 33304 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		
Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	BROOKS, STEVEN D	Name	BRAVO, JUAN O
Address	P.O BOX 8246	Address	P.O BOX 8246
City-State-Zip:	CORAL SPRINGS FL 33075	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: STEVEN D BROOKS

Electronic Signature of Signing Authorized Person(s) Detail

P.O BOX 8246 CORAL SPRINGS, FL 33075

FORT LAUDERDALE, FL 33304

**Current Mailing Address:** 

DOCUMENT# L15000019229

Entity Name: WOUND&SKINEXPERTS LLC

**Current Principal Place of Business:** 

# FEI Number: 47-2408655

837 NE 16TH TER

## N

Certificate of Status Desired: No

Date

04/17/2016 Date

### MANAGER

# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT