

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000237627

**Entity Name:** WOUND HEALING INSTITUTE OF WESLEY CHAPEL LLC

**Current Principal Place of Business:**

2700 HEALING WAY  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

6919 N DALE MABRY HWY, STE 250  
TAMPA, FL 33614 US

**FEI Number:** 82-3687164

**Certificate of Status Desired:** No

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

SMITH AEBEL, ERIN ESQ.  
SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD., ST E2800  
TAMPA, FL 33602 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 MANAGER, PRESIDENT  
Name PATEL, RAVI R  
Address 16606 VILLALENDA DE AVILA  
City-State-Zip: TAMPA FL 33613

Title VP  
Name PATEL, ROSHAN  
Address 6811 BIG CYPRESS WAY  
City-State-Zip: TAMPA FL 33625

Title CEO, SECRETARY  
Name TODOROVICH, CATHERINE  
Address 6919 N DALE MABRY HWY, STE 250  
City-State-Zip: TAMPA FL 33614

Title CFO, TREASURER  
Name DEMIK, DAVID  
Address 6919 N DALE MABRY HWY, STE 250  
City-State-Zip: TAMPA FL 33614

*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:** RAVI PATEL

MANAGER, PRESIDENT

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date