TAMPA, FL 33617 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	: CATHERINE TODOROVICH			04/29/2022	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MANAGER, PRESIDENT	Title	CEO, SECRETARY		
Name	PATEL, RAVI	Name	TODOROVICH, CATHERINE		
Address	6989 EAST FOWLER AVE	Address	6989 EAST FOWLER AVE		
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33617		

# ARCADIA, FL 34266

#### **Current Mailing Address:**

6989 EAST FOWLER AVE TAMPA, FL 33617 US

## FEI Number: 82-3713716

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

CFO, TREASURER DEMIK, DAVID

TAMPA FL 33617

6989 EAST FOWLER AVE

CATHERINE, TODOROVICH 6989 EAST FOWLER AVE TAN

Title

Name

Address

City-State-Zip:

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: DAVID DEMIK

CFO

Electronic Signature of Signing Authorized Person(s) Detail

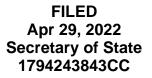
### 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000237630

Entity Name: WOUND HEALING INSTITUTE OF ARCADIA LLC

# **Current Principal Place of Business:**

316 NURSING HOME DR



Certificate of Status Desired: No