

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000237630

**Entity Name:** WOUND HEALING INSTITUTE OF ARCADIA LLC

**Current Principal Place of Business:**

900 N ROBERT AVE  
ARCADIA, FL 34266

**Current Mailing Address:**

6919 N DALE MARBY HWY  
SUITE 250  
TAMPA, FL 33614 US

**FEI Number:** 82-3713716

**Certificate of Status Desired:** No

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

SMITH AEBEL, ERIN ESQ  
SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD., STE 2800  
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  
Address        16606 VILLALENDA DE AVILA  
City-State-Zip: TAMPA FL 33613

Title           VP  
Name           PATEL, ROSHAN  
Address        6919 N DALE MABRY HWY  
                  SUITE 250  
City-State-Zip: TAMPA FL 33614

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

Title           CFO, TREASURER  
Name           DEMIK, DAVID  
Address        6919 N DALE MARBY HWY  
                  SUITE 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

**PRESIDENT**

**04/26/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date