

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000237635

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

**Current Principal Place of Business:**

163 S TALLAHASSEE ST  
ATTN WOUND CENTER  
HAZLEHURST, GA 31539

**Current Mailing Address:**

6989 EAST FOWLER AVE  
TAMPA, FL 33617 US

**FEI Number:** 82-3700762

**Certificate of Status Desired:** No

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

CATHERINE, TODOROVICH  
6989 EAST FOWLER AVE  
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

05/16/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, MANAGER  
Name            PATEL, RAVI  
Address        6989 EAST FOWLER AVE  
City-State-Zip: TAMPA FL 33617

Title            CEO, MANAGER  
Name            TODOROVICH, CATHERINE  
Address        6989 EAST FOWLER AVE  
City-State-Zip: TAMPA FL 33617

Title            CFO, MANAGER  
Name            DEMIK, DAVID  
Address        6989 EAST FOWLER AVE  
City-State-Zip: TAMPA FL 33617

*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

05/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date