

2020 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:

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

FEI Number: 82-3700762

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 MABRY HWY
 SUITE 250
City-State-Zip: TAMPA FL 33614

Title CFO, TREASURER
Name DEMIK, DAVID
Address 6919 N DALE MABRY 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: DAVID DEMIK

CFO

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date