

2024 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

05/30/2024

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

05/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date