

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000182491

Entity Name: WOUND CARE PROS, LLC**Current Principal Place of Business:**498 PALM SPRINGS DR., SUITE 345
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**498 PALM SPRINGS DR., SUITE 345
ALTAMONTE SPRINGS, FL 32701 US**FEI Number:** 83-1403249**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOURA, DUSTIN
498 PALM SPRINGS DR.
STE 345
ALTAMONTE SPRINGS, FL 32701 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
Name	MOURA, DUSTIN P
Address	498 PALM SPRINGS DR., SUITE 345
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	AUTHORIZED MEMBER
Name	MOURA, DEBORAH
Address	498 PALM SPRINGS DR., SUITE 345
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	AUTHORIZED MEMBER
Name	HARBOUR, DAVID DR.
Address	498 PALM SPRINGS DR., SUITE 345
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	AUTHORIZED MEMBER
Name	LUTCHMIDAT, DEVIKA
Address	498 PALM SPRINGS DR., SUITE 345
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

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: DUSTIN MOURA

MANAGER

09/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date