

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000182491

Entity Name: WOUND CARE PROS, LLC

Current Principal Place of Business:

1180 SPRING CENTRE SOUTH BLVD
STE 225
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1180 SPRING CENTRE SOUTH BLVD
STE 225
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 83-1403249

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOURA, DUSTIN
1180 SPRING CENTRE SOUTH BLVD
STE 225
ALTAMONTE SPRINGS, FL 32714 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 1180 SPRING CENTRE SOUTH BLVD
STE 225
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AUTHORIZED MEMBER
Name MOURA, DEBORAH
Address 1180 SPRING CENTRE SOUTH BLVD
STE 225
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AUTHORIZED MEMBER
Name HARBOUR, DAVID DR.
Address 1180 SPRING CENTRE SOUTH BLVD
STE 225
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date