

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000276116

Entity Name: WOUND HEALING INSTITUTE OF OPP, LLC

Current Principal Place of Business:

511 N BRANTLEY ST
OPP, AL 36467

Current Mailing Address:

6919 N. DALE MABRY HWY., STE. 250
TAMPA, FL 33614 US

FEI Number: 84-3777854

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH AEBEL, ERIN ESQ.
101 E. 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 DR.
Address 16606 VILLAVENTA DE AVILA
City-State-Zip: TAMPA FL 33613

Title VP
Name PATEL, ROSHAN
Address 6919 N. DALE MABRY HWY., STE. 250
City-State-Zip: TAMPA FL 33614

Title SECRETARY, CEO
Name TODOROVICH, CATHERINE
Address 6919 N. DALE MABRY HWY., STE. 250
City-State-Zip: TAMPA FL 33614

Title TREASURER, CFO
Name DEMIK, DAVID
Address 6919 N. DALE MABRY HWY., STE. 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