2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2021
Secretary of State
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Entity Name: WOUND CARE CHRIS RN LLC

Current Principal Place of Business:

17327 48TH CT N
LOXAHATCHEE, FL 33470

Current Mailing Address:

17327 48TH CT N
LOXAHATCHEE, FL 33470 US

FEI Number: 85-4036365

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROBERTS, CHRISTOPHER K
17327 48TH CT N
LOXAHATCHEE, FL 33470 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	AR
Name	ROBERTS, CHRISTOPHER K
Address	17327 48TH CT N
City-State-Zip:	LOXAHATCHEE FL 33470

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: CHRISTOPHER K ROBERTS AR 09/08/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date