2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2025
Secretary of State
0247770206CC

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Entity Name: TN WOUND PHYSICIAN, LLC

Current Principal Place of Business:

428 CHILDERS ST.
#23343
PENSACOLA, FL 32534

Current Mailing Address:

428 CHILDERS ST.
#23343
PENSACOLA, FL 32534

FEI Number: 92-0627944

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TZENG, JARVIS
428 CHILDERS ST.
#23343
PENSACOLA, FL 32534 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	MGR
Name	TZENG, JARVIS
Address	428 CHILDERS ST. #23343
City-State-Zip:	PENSACOLA FL 32534

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: JARVIS TZENG MANAGER 04/29/2025

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