2025 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 02, 2025
Secretary of State
8294553387CC

DOCUMENT# M20000001728

Entity Name: HEALOGICS WOUND CARE & HYPERBARIC SERVICES, LLC

Current Principal Place of Business:

5220 BELFORT RD., SUITE 130
JACKSONVILLE, FL 32256

Current Mailing Address:

PO BOX 551187
JACKSONVILLE, FL 32255 US

FEI Number: 65-0678360

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	MBR
Name	HEALOGICS LLC
Address	5220 BELFORT RD., SUITE 130
City-State-Zip:	JACKSONVILLE FL 32256

Title	PRESIDENT
Name	MANDEL, PAMELA
Address	5220 BELFORT RD., SUITE 130
City-State-Zip:	JACKSONVILLE FL 32256

Title	SECRETARY
Name	VALENTINE, NOELLE
Address	5220 BELFORT RD., SUITE 130
City-State-Zip:	JACKSONVILLE FL 32256

Title	TREASURER
Name	MARCOS, MATT
Address	5220 BELFORT RD 130
City-State-Zip:	JACKSONVILL FL 32256

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: MATT MARCOS TREASURER 09/02/2025

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