

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000007725

**Entity Name:** THE WOUND DOCS, LLC

**Current Principal Place of Business:**

20801 BISCAYNE BLVD. SUITE 403  
AVENTURA, FL 33180

**Current Mailing Address:**

20801 BISCAYNE BLVD. SUITE 403  
AVENTURA, FL 33180

**FEI Number:** 87-0936629

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
7901 4TH STREET N. STE 300  
ST. PETERSBURG, FL 33702 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 CHIEF COMMERCIAL OFFICER  
Name NAKAGAWA, GREGORY D  
Address 23 CALLE PRINCIPAL, UNIT 194  
City-State-Zip: PALMER, PR OC 00721

Title CFO  
Name OTIKO, CHRIS DR.  
Address 4640 ADMIRALTY WAY  
City-State-Zip: MARINA DEL REY CA 90292

*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:** GREGORY NAKAGAWA

CHIEF COMMERCIAL  
OFFICER

04/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date