

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 23 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A98000000626

WOUND MANAGEMENT CENTER OF JACKSONVILLE, LTD.



Mailing Address

Principal Office Address

1680 DUNN AVE., UNIT 36
JACKSONVILLE FL 32218

2323 N. TUSTIN
Ste. N
Santa Ana, CA 92705

1680 DUNN AVE., UNIT 36
JACKSONVILLE FL 32218

3. Date Formed or Registered

03/06/1998

5a. Capital Contributions as
Shown on record.

\$10,000.00

3a. Date of Last Report

N/A

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$10,000.00

4. State or Country of Formation

FL

6. FEI Number

59-3494248

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2323 N. TUSTIN

2a. Principal Office Address

Suite, Apt. #, etc.

Suite N

Suite, Apt. #, etc.

City & State

Santa Ana, CA

City & State

Zip

92705

Country

U.S.

Zip

Country

9. Name and Address of Current Registered Agent

MAGUIRE, JOHN

1680 DUNN AVE., UNIT 36
JACKSONVILLE FL 32218

10. If changed, new Registered Agent/Office

Name

Charles Householder

Street Address (P.O. Box Number is Not Acceptable)

1680 Dunn Ave.

Suite, Apt. #, etc.

Unit 36

City

Jacksonville

FL

Zip Code 32218

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Charles Householder

DATE

10/6/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

WOUND MANAGEMENT CENTER OF J

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1680 DUNN AVE., UNIT

11b. City, State & Zip Code

JACKSONVILLE FL 32218

11c. Registration/
Document Number

P98000013309

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****158.75 ****158.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Charles Householder

DATE

10/6/98

Typed or Printed Name of General Partner Signing Form

Charles Householder

Daytime Telephone Number

714-538-8048

CR2E003 (8/98)