

F08000001767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

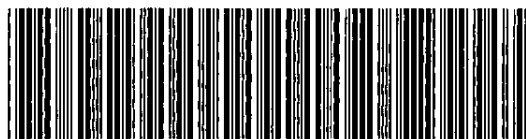
(Document Number)

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FILED
Apr 07, 2008 08:00 AM
Secretary of State

4/21
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT:

Wound Healing Society Corp.
(Name of Corporation – must include suffix)

Foundation

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

PHIL PYSTER
(Name of Person)

Wound Healing Society
(Firm/Company)

FOUNDATION Corporation

341 N Maitland Ave Ste 130
(Address)

Maitland, FL 32751
(City/State and Zip Code)

For further information concerning this matter, please call:

Phil Pyster at (407) 647-8839
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2008

PHIL PYSTER
341 N MAITLAND AVE STE 130
MAITLAND, FL 32751

SUBJECT: WOUND HEALING SOCIETY FOUNDATION CORPORATION
Ref. Number: W08000017960

We have received your document for WOUND HEALING SOCIETY FOUNDATION CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 108A00020650

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**


IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS
IN THE STATE OF FLORIDA:

1. Wound Healing Society Foundation Corporation.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. California 3. 33-0885475
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. SEP 22 1999 5. N/A
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. Same as below.
(Principal office address)
341 N. Maitland Ave Ste 130, Maitland, FL 32751
(Current mailing address)
8. TO PROVIDE FUNDS FOR THE GROWTH & DEVELOPMENT OF
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) WOUND HEALING.
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: Phil Ryster
Office Address: 341 N. Maitland Ave Ste 130
Maitland, Florida FL 32751
(City) (Zip Code)

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Secretary of State

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered Agent's signature) Phil Ryster

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

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Apr 07, 2008 08:00 AM
Secretary of State

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

EXECUTIVE
Director: PHIL PYSTER, CAE

Address: WHF OFFICE, 341 N. MAITLAND AVE, SUITE 130
MAITLAND, FL 32751

B. OFFICERS

President: PETER SHEEHAN, M.D.

Address: 422 E. 72 ST. #24E
NEW YORK, N.Y. 10021

Vice President: N/A

Address: _____


Secretary: ELOF ERIKSSON, M.D.

Address: BRIGHAM & WOMEN'S HOSPITAL

~~Treasurer:~~ 75 FRANCIS ST., BOSTON, MA 02115

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PHIL PYSTER EXECUTIVE DIRECTOR
(Typed or printed name and capacity of person signing application)

**State of California
Secretary of State**

**CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 22nd day of September, 1999, **WOUND HEALING FOUNDATION** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
April 16, 2008.



Debra Bowen

**DEBRA BOWEN
Secretary of State**