

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001767

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** WOUND HEALING SOCIETY FOUNDATION CORPORATION

**Current Principal Place of Business:**

341 N MAITLAND AVE STE 130  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

341 N MAITLAND AVE STE 130  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 33-0885475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: CAE, PAIL P  
Address: 341 N MAITLAND AVE STE 130  
City-St-Zip: MAITLAND, FL 32751

Title: P ( ) Delete  
Name: SHEEHAN, PETER MD  
Address: 422 E 72 ST 24E  
City-St-Zip: NEW YORK, NY 10021

Title: S ( ) Delete  
Name: ERIKSSON, ELOF MD  
Address: BRIGHAM & WOMENS HOSPITAL  
City-St-Zip: BOSTON, MA 02115

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL PYSTER

MR

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date