

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001767

FILED  
Jan 22, 2010  
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:**

341 N MAITLAND AVE STE 130  
SUITE 130  
MAITLAND, FL 32751

**Current Mailing Address:**

341 N MAITLAND AVE STE 130  
MAITLAND, FL 32751

**New Mailing Address:**

341 N MAITLAND AVE STE 130  
SUITE 130  
MAITLAND, FL 32751

**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:**

PYSTER, PHIL L CAE  
341 N MAITLAND AVE STE 130  
SUITE 130  
MAITLAND, FL 32751 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: PHIL PYSTER, CAE

01/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WYSOCKI, ANNETTE T PHD  
Address: UNIV. OF MS, 2500 N. STATE STREET  
City-St-Zip: JACKSON, MS 39216

Title: VP  
Name: ERIKSSON, ELOF P MD  
Address: BRIGHAM & WOMENS HOSPITAL  
City-St-Zip: BOSTON, MA 02115

Title: EVP  
Name: PYSTER, PHIL L CAE  
Address: 341 N. MAITLAND AVENUE, SUITE 130  
City-St-Zip: MAITLAND, FL 32751

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 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 all other like empowered.

SIGNATURE: PHIL PYSTER, CAE

EVP

01/22/2010

Electronic Signature of Signing Officer or Director

Date