

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000001767

FILED
Feb 24, 2012
Secretary of State

Entity Name: WOUND HEALING SOCIETY FOUNDATION CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 33-0885475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

EVP

02/24/2012

Electronic Signature of Signing Officer or Director

Date