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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

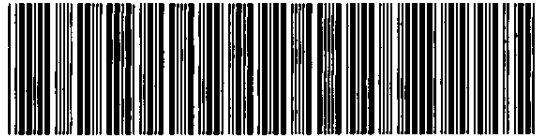
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TALLAHASSEE, FLORIDA

EP 11/4/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Accelecare Wound Centers, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Derek Cole

Name of Person

Accelecare Wound Centers, Inc.

Firm/Company

10900 NE 4th Street, Suite 1920

Address

Bellevue, WA 98004

City/State and Zip code

dcole@accelecare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Derek Cole

Name of Person

at (425) 974-1206

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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


**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ACCELE CARE WOUND CENTERS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5-9-07 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 10900 NE 4TH STREET, SUITE 1920, BELLEVUE, WA 98004
(Principal office address)
- SAME AS ABOVE
(Current mailing address)
8. CONTRACT WITH HOSPITALS TO MANAGE WOUND TREATMENT CENTERS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: INCORP SERVICES, INC.
- Office Address: 17888 67TH COURT NORTH
LOXAHATCHEE, Florida 33470
(City) (Zip code)

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.

 Janice Snell on behalf of Incorp Services, Inc.
(Registered agent's signature)

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.

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

A. DIRECTORS

See attached list

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

[Signature]
(Signature of Director or Officer listed in number 12 of the application)

14. *Pamela M. Spanice, President*

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



ACCELECARE WOUND CENTERS, INC.

Updated 5/15/08

| OFFICERS | | |
|---|--|---|
| <p>Michael K. Lester, CEO, Secretary & Treasurer Accelecare Wound Centers, Inc. 10900 NE 4th Street, Suite 1920 Bellevue, WA 98004</p> <p>PH: (425) 974-1200</p> | <p>Pamela M. Spaniac President Accelecare Wound Centers, Inc. 10900 NE 4th Street, Suite 1920 Bellevue, WA 98004</p> <p>PH: (425) 974-1200</p> | <p>Gwen H. Booth, Vice President Accelecare Wound Centers, Inc. 10900 NE 4th Street, Suite 1920 Bellevue, WA 98004</p> <p>PH: (425) 974-1200</p> |
| <p>Robin L. Walsh, Vice President Accelecare Wound Centers, Inc. 10900 NE 4th Street, Suite 1920 Bellevue, WA 98004</p> <p>PH: (425) 974-1200</p> | <p>Thom M. Herrmann, Vice President Accelecare Wound Centers, Inc. 10900 NE 4th Street, Suite 1920 Bellevue, WA 98004</p> <p>PH: (425) 974-1200</p> | |
| DIRECTORS | | |
| <p>Michael K. Lester, Chairman Accelecare Wound Centers, Inc. 10900 NE 4th Street, Suite 1920 Bellevue, WA 98004</p> <p>PH: (425) 974-1200</p> | <p>Jeffrey Crisan, Director BainCapital Ventures 111 Huntington Avenue Boston, MA 02199</p> <p>PH: (617) 516-2234</p> | <p>Eugene Hill, Director SV Life Sciences 60 State Street, Suite 3650 Boston, MA 02109-2804</p> <p>PH: (617) 973-2705</p> |
| <p>J. Carter McNabb, Director River Cities Capital Funds 221 East 4th Street, Ste 2400 Cincinnati, OH 45202</p> <p>PH: (513) 621-9700</p> | <p>Pamela Spaniac, Director Accelecare Wound Centers, Inc. 10900 NE 4th Street, Suite 1920 Bellevue, WA 98004</p> <p>PH: (425) 974-1200</p> | |

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCELECARE WOUND CENTERS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 2009.


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TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7503648

DATE: 08-31-09