

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004327

FILED
Apr 26, 2011
Secretary of State

Entity Name: ACCELECARE WOUND CENTERS, INC.

Current Principal Place of Business:

10900 NE 4TH STREET, SUITE 1920
BELLEVUE, WA 98004

New Principal Place of Business:

Current Mailing Address:

10900 NE 4TH STREET, SUITE 1920
BELLEVUE, WA 98004

New Mailing Address:

FEI Number: 26-0139247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: SCEO
Name: LESTER, MICHAEL K
Address: 10900 NE 4TH STREET, SUITE 1920
City-St-Zip: BELLEVUE, WA 98004

Title: CHRM
Name: LESTER, MICHAEL K
Address: 10900 NE 4TH STREET, SUITE 1920
City-St-Zip: BELLEVUE, WA 98004

Title: PD
Name: SPANIAC, PAMELA M
Address: 10900 NE 4TH STREET, SUITE 1920
City-St-Zip: BELLEVUE, WA 98004

Title: VP
Name: BOOTH, GWEN H
Address: 10900 NE 4TH STREET, SUITE 1920
City-St-Zip: BELLEVUE, WA 98004

Title: VP
Name: WALSH, ROBIN L
Address: 10900 NE 4TH STREET, SUITE 1920
City-St-Zip: BELLEVUE, WA 98004

Title: VP
Name: HERRMANN, THOM M
Address: 10900 NE 4TH STREET, SUITE 1920
City-St-Zip: BELLEVUE, WA 98004

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA SPANIAC

PD

04/26/2011

Electronic Signature of Signing Officer or Director

Date