

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004202

FILED
May 04, 2012
Secretary of State

Entity Name: ACCELECARE WOUND PROFESSIONALS OF KANSAS, P.A.

Current Principal Place of Business:

10900 NE 4TH ST SUITE 1920
BELLEVUE, WA 98004

New Principal Place of Business:

10900 NE 4TH ST SUITE 1900
BELLEVUE, WA 98004

Current Mailing Address:

10900 NE 4TH ST SUITE 1920
BELLEVUE, WA 98004

New Mailing Address:

10900 NE 4TH ST SUITE 1900
BELLEVUE, WA 98004

FEI Number: 36-4696982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH CT 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: DP
Name: MASTURZO, ARTI B
Address: 10900 NE 4TH ST SUITE 1900
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 M SPANIAC

PRES

05/04/2012

Electronic Signature of Signing Officer or Director

Date