

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004551 (6)**

1. Corporation Name

WOUND CARE CENTERS OF AMERICA INCORPORATED



Principal Place of Business

**14 RESEARCH WAY
SETAYKET NY 11733**

Mailing Address

**14 RESEARCH WAY
SETAYKET NY 11733**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/19/1995

3a. Date of Last Report

4. FEI Number

11-3108789

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the applicant)

(If the Registered Agent's signature is required when not filing)

Date:

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**PCEO
VAKOUTIS, JOHN
14 RESEARCH WAY
SETAYKET NY 11733**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**D
VAKOUTIS, JOHN
14 RESEARCH WAY
SETAYKET NY 11733**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**C
WHITMAN, RUSSELL B
14 RESEARCH WAY
SETAYKET NY 11733**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**V
JONES, HOWARD
14 RESEARCH WAY
SETAYKET NY 11733**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**VCFO
PRIOR, JOHN C
14 RESEARCH WAY
SETAYKET NY 11733**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**S
PRIOR, JOHN C
14 RESEARCH WAY
SETAYKET NY 11733**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

SETAYKET NY 11733

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

SETAYKET NY 11733

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

SETAYKET NY 11733

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

SETAYKET NY 11733

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

SETAYKET NY 11733

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

6/17/96 516-689 7000

CR2E034 (12/95)