

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002096

FILED
Apr 29, 2010
Secretary of State

Entity Name: NATIONAL WOUND CARE & HYPERBARIC SERVICES, INC.

Current Principal Place of Business:

4850 T-REX AVE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

4850 T-REX AVE.
SUITE 300
BOCA RATON, FL 33431

Current Mailing Address:

C/O NATIONAL HEALING CORP
4850 T-REX AVE., #300
BOCA RATON, FL 33431

New Mailing Address:

4850 T-REX AVE.
SUITE 300
BOCA RATON, FL 33431

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOCHMAN, RODGER ESQ.
4850 T-REX AVE., #300
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

HOCHMAN, RODGER ESQ.
4850 T-REX AVE.
SUITE 300
BOCA RATON, FL 33431 US

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

04/29/2010

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES
Name: PATRICK, JAMES E CEO
Address: 4850 T-REX AVE., #300
City-St-Zip: BOCA RATON, FL 33431

Title: TRES
Name: GARDNER, GREG CFP
Address: 4850 T-REX AVE., #300
City-St-Zip: BOCA RATON, FL 33431

Title: SECY
Name: HOCHMAN, RODGER ESQ.
Address: 4850 T-REX AVE., #300
City-St-Zip: BOCA RATON, FL 33431

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: RODGER HOCHMAN

SECY

04/29/2010

Electronic Signature of Signing Officer or Director

Date