

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002096

FILED
Mar 23, 2012
Secretary of State

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

Current Principal Place of Business:

4500 SALISBURY ROAD, SUITE #300
JACKSONVILLE, FL 32216

New Principal Place of Business:

5220 BELFORT RD.
SUITE 200
JACKSONVILLE, FL 32256

Current Mailing Address:

P.O. BOX 551187
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 65-0678360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: CARINA L. DUNLAP, ASST. VICE PRESIDENT

03/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: NELSON, JEFF W CEO
Address: 5220 BELFORT RD., SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

Title: TRES
Name: WILLIAMS, BILL
Address: 5220 BELFORT RD., SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

Title: SECY
Name: WILLIAMS, BILL
Address: 5220 BELFORT RD., SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

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: BILL WILLIAMS

SECY

03/23/2012

Electronic Signature of Signing Officer or Director

Date