

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90335 015 ****50.00

DOCUMENT # L00000008077 1. Entity Name WOUND TECHNOLOGY NETWORK - SOUTH FLORIDA, LLC			
Principal Place of Business 4350 SHERIDAN ST STE 202 HOLLYWOOD, FL 33021		Mailing Address 4350 SHERIDAN ST STE 202 HOLLYWOOD, FL 33021	
2. Principal Place of Business - No P.O. Box # 3440 Hollywood Blvd		3. Mailing Address 3440 Hollywood Blvd	
Suite, Apt. #, etc. Suite 460		Suite, Apt. #, etc. Suite 460	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33021		Zip 33021	
Country USA		Country USA	
4. FEI Number 65-1022209		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, JEFFREY L 54 N.E. 4TH AVENUE DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALITZ, JEFFREY 4350 SHERIDAN ST #202 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3440 Hollywood Blvd Suite 460 Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLLACK, GEORGE I 4350 SHERIDAN ST #202 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3440 Hollywood Blvd Suite 460 Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/20/2007 Daytime Phone # 954-923-7440	