

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L00000008077

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** WOUND TECHNOLOGY NETWORK - SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

3440 HOLLYWOOD BLVD SUITE 460  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3440 HOLLYWOOD BLVD SUITE 460  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 65-1022209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GALITZ, JEFFREY  
Address: 3440 HOLLYWOOD BLVD., SUITE 460  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR  
Name: POLLACK, GEORGE I  
Address: 3440 HOLLYWOOD BLVD., SUITE 460  
City-St-Zip: HOLLYWOOD, FL 33021

Title: CEO  
Name: WISE, DUELL  
Address: 3440 HOLLYWOOD BLVD., SUITE 460  
City-St-Zip: HOLLYWOOD, FL 33021

Title: CFO  
Name: ALONSO, ALEJANDRO  
Address: 3440 HOLLYWOOD BLVD., SUITE 460  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE POLLACK

MGR

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date