2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000074930

1. Entity Name
CST WOUND CARE, LLC

20034798

Principal Place of Business	Mailing Address
1535 S.W. 2ND AVENUE STE. 2 MIAMI, FL 33129	1535 S.W. 2ND AVENUE STE. 2 MIAMI, FL 33129

04142005 · Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	[X] Applied For [ ] Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip / Country	Zip / Country	5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, DONALD P ESQ 1395 BRICKELL AVENUE 14TH FL MIAMI, FL 33131	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2005**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE *MANAGER* [ ] Delete NAME *MEL SCHUSTER* STREET ADDRESS *1535 S.W. 2ND AVENUE, SUITE 2* CITY-ST-ZIP *MIAMI, FL 33129*	TITLE [ ] Change [ ] Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE *MANAGER* [ ] Delete NAME *RICHARD M. CARLTON, MD* STREET ADDRESS *3 SECOR DRIVE* CITY-ST-ZIP *PORT WASHINGTON, NY 11050*	TITLE [ ] Change [ ] Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE *MANAGER* [ ] Delete NAME *JOHN F. TSE* STREET ADDRESS *281 PIERMONT ROAD* CITY-ST-ZIP *NORWOOD, NJ 07648*	TITLE [ ] Change [ ] Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE [ ] Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE [ ] Change [ ] Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE [ ] Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE [ ] Change [ ] Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE [ ] Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE [ ] Change [ ] Addition NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *MEL SCHUSTER* _____ 4/14/05 (305)858-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #