

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074930

Entity Name: CST WOUND CARE, LLC

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

1535 S.W. 2ND AVENUE STE. 2
MIAMI, FL 33129

New Principal Place of Business:

1535 S.W. 2ND AVENUE
SUITE 2
MIAMI, FL 33129

Current Mailing Address:

1535 S.W. 2ND AVENUE STE. 2
MIAMI, FL 33129

New Mailing Address:

1535 S.W. 2ND AVENUE
SUITE 2
MIAMI, FL 33129

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, DONALD P ESQ
HOLLAND & KNIGHT LLP
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131 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 () Delete
Name: SCHUSTER, MEL
Address: 1595 SW 2ND AVE STE 2
City-St-Zip: MIAMI, FL 33129

Title: MGR () Delete
Name: CARLTON, RICHARD M MD
Address: 3 SECOR DR
City-St-Zip: PORT WASHINGTON, NY 11050

Title: MGR () Delete
Name: TSE, JOHN F
Address: 281 PIERMONT RD
City-St-Zip: NORWOOD, NJ 07648

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MEL SCHUSTER

MGRM

04/11/2006

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