

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097446

Entity Name: WOUNDCARE SOLUTIONS, LLC

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

917 DANTE PLACE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

917 DANTE PLACE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 61-1494369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHMAN, JAMES R
917 DANTE PLACE
JACKSONVILLE, FL 32207 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: LEHMAN, JAMES R
Address: 917 DANTE PLACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Delete
Name: LEHMAN, TOMMIE-LEE B
Address: 917 DANTE PLACE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: LEHMAN, JAMES R
Address: 917 DANTE PLACE
City-St-Zip: JACKSONVILLE, FL 32207

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES R. LEHMAN

PRES

04/10/2008

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