2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000068579

Entity Name: WOUND CARE ASSOCIATES OF AMERICA, LLC

Current Principal Place of Business:

7421 N UNIVERSITY DR
SUITE 212
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

7421 N UNIVERSITY DR
SUITE 212
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, RAMON
7421 N UNIVERSITY DRIVE
SUITE 212
TAMARAC, FL 33321 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: BRIESTEIN, RICHARD
Address: 7421 N UNIVERSITY DRIVE, SUITE 212
City-St-Zip: TAMARAC, FL 33321

Title: MGRM ( ) Change (X) Addition
Name: STRAUSS, NEAL
Address: 7421 N UNIVERSITY DRIVE, SUITE 212
City-St-Zip: TAMARAC, FL 33321

Title: MGRM ( ) Change (X) Addition
Name: RAMIREZ, RAMON
Address: 7421 N UNIVERSITY DRIVE, SUITE 212
City-St-Zip: TAMARAC, FL 33321

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: RAMON RAMIREZ MGRM 04/30/2008

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