

DEC-12-2008 FRI 02:33 PM B.R.D. & W.P.A.

FAX NO.

P. 01

Division of Corporations

Page 1 of 1

**L08000113677**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H08000272907 3)))



H080002729073ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BATTAGLIA ROSS CORPORATE  
Account Number : I20000000275  
Phone : (727) 381-2300  
Fax Number : (727) 343-4059

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 DEC 12 AM 10:27

FILED

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

Preventative Wound Care Associates, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**D. BRUCE**

DEC 15 2008

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

((H08000272907 3))

**ARTICLES OF ORGANIZATION  
FOR  
PREVENTATIVE WOUND CARE ASSOCIATES, LLC  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I. Name:**

The name of the Limited Liability Company is:

**PREVENTATIVE WOUND CARE ASSOCIATES, LLC**

**ARTICLE II- Address:**

The mailing address and Street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

9956 Sago Point Dr.  
Largo, FL 33777

**Mailing Address:**


9956 Sago Point Dr.  
Largo, FL 33777

**ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Lisa Merkow Smajovits  
9956 Sago Point Dr.  
Largo, FL 33777

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

  
Registered Agent's Signature  
Lisa Merkow Smajovits

FILED  
08 DEC 12 AM 10:27  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

((H08000272907 3))

((H08000272907 3))

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

"MGR" - Manager

"MGRM" - Managing Member

Title:	Name and Address:
MGR	Gerald Bratton 139 South Monroe Rd. Coppell, TX 75019
Member	Lisa Merkow Smajovits 9956 Sago Point Dr. Largo, FL 33777
Member	Richard Turbin 4650 Links Village Dr. Unit C-103 Ponce Inlet, FL 32127

REQUIRED SIGNATURE:

  
LISA MERKOW SMAJOVITS  
(Signature of a member or an authorized representative of a member).

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILED  
08 DEC 12 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H08000272907 3))