

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113677

FILED  
Jul 09, 2009  
Secretary of State

**Entity Name:** PREVENTATIVE WOUND CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

9956 SAGO POINT DR.  
LARGO, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

9956 SAGO POINT DR.  
LARGO, FL 33777

**New Mailing Address:**

FEI Number: 26-3867240      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SMAJOVITS, LISA M  
9956 SAGO POINT DR.  
LARGO, FL 33777      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: BRATTON, GERALD  
Address: 139 SOUTH MONROE RD.  
City-St-Zip: COPPELL, TX 75019

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

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

**ADDITIONS/CHANGES:**

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

Title: MGR      ( ) Change (X) Addition  
Name: SMAJOVITS, LISA M  
Address: 9956 SAGO POINT DRIVE  
City-St-Zip: LARGO, FL 33777

Title: MGR      ( ) Change (X) Addition  
Name: TURBIN, RICHARD S  
Address: 4650 LINKS VILLAGE DR. UNIT C-103  
City-St-Zip: PONCE INLET, FL 32127

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: LISA M SMAJOVITS

MGR

07/09/2009

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