2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# L09000042236

Entity Name: PRIMARY WOUND CARE SPECIALISTS LLC

Current Principal Place of Business:

4960 SW 72 AVE SUITE 310
MAIMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

4960 SW 72 AVE SUITE 310
MAIMI, FL 33155 US

New Mailing Address:

FEI Number: 26-4803452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CASTELLANOS, BELINDA
4960 SW 72 AVE SUITE 310
MAIMI, FL 33155 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: MGRM
Name: CASTELLANOS, ANDY
Address: 8051 NW 128 LANE
City-St-Zip: PARKLAND, FL 33076 US

I hereby 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 Statues.

SIGNATURE: ANDY CASTELLANOS CEO 02/16/2011

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