

2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000044159

FILED
Mar 10, 2010
Secretary of State**Entity Name:** THE WOUND CARE STORE, LLC**Current Principal Place of Business:**1950 ROCKLEDGE BLVD
109
ROCKLEDGE, FL 32955 US**New Principal Place of Business:****Current Mailing Address:**1950 ROCKLEDGE BLVD
109
ROCKLEDGE, FL 32955 US**New Mailing Address:****FEI Number:** 32-0283168**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**SIMONSON, DAVID A PRES
1950 ROCKLEDGE BLVD.
109
ROCKLEDGE, FL 32955 US

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: DAS

03/10/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR
Name: SIMONSON, DAVID A
Address: 1950 ROCKLEDGE BLVD
City-St-Zip: ROCKLEDGE, FL 32955 US**Title:** MGR
Name: SIMONSON, FAINA
Address: 1950 ROCKLEDGE BLVD, SUITE 107
City-St-Zip: ROCKLEDGE, FL 32955 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 Statutes.

SIGNATURE: DAVID A SIMONSON

PRES

03/10/2010

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