

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000071828

FILED
Apr 04, 2011
Secretary of State

Entity Name: AMERICAN COMPRESSION AND WOUND CARE, LLC

Current Principal Place of Business:

6544 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

6544 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 27-0701132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

STORFER, ELIDA C
6544 WEST SAMPLE RD
CORAL SPRINGS, FL 33067 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: ELIDA C STORFER

04/04/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: STORFER, ELIDA C
Address: 6544 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S
Name: STORFER, ARIELLA E
Address: 6544 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33067

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: ELIDA C STORFER

MGR

04/04/2011

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