

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000071828

FILED
Jan 05, 2012
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:

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

MGR

01/05/2012

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