

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000036565

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** PROGRESSIVE WOUND CARE TECHNOLOGIES, LLC

**Current Principal Place of Business:**

1528 PALM VIEW RD  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

125 BUSBRIDGE COVE  
POOLER, GA 31322 US

**New Mailing Address:**

FEI Number: 27-2281736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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: JONES, CURTIS E  
Address: 175 RICE MILL DRIVE  
City-St-Zip: SAVANNAH, GA 31419 US

Title: MGRM  
Name: KENNEDY, JOHN P  
Address: 125 BUSBRIDGE COVE  
City-St-Zip: POOLER, GA 31322 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: JOHN P. KENNEDY

MGRM

04/19/2011

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