

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000045851

FILED
Apr 22, 2011
Secretary of State

Entity Name: MORRIV WOUND CARE SERVICES LLC

Current Principal Place of Business:

1850 S.W 8 ST
SUITE 204 C
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1850 S.W 8 ST
SUITE 204 C
MIAMI, FL 33135

New Mailing Address:

FEI Number: 27-2469278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIVERA, ARMANDO
1850 S.W 8 ST
SUITE 204 C
MIAMI, FL 33135 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: RIVERA, ARMANDO
Address: 1850 S.W 8 ST
City-St-Zip: MIAMI, FL 33135

Title: MGR
Name: MORALES, CARMEN E
Address: 630 SW 73 AVE
City-St-Zip: MIAMI, FL 33144

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: ARMANDO RIVERA

MGR

04/22/2011

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