

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000086307

Entity Name: WOUND CARE SERVICES, LLC

FILED
Apr 16, 2011
Secretary of State

Current Principal Place of Business:

8100 PARK BLVD. #501
PINELLAS PARK, FL 33781

New Principal Place of Business:

4519 GEORGE ROAD
145
TAMPA, FL 33634

Current Mailing Address:

1145 WESTFIELD BLVD.
CARMEL, IN 46032

New Mailing Address:

FEI Number: 80-0463220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORHEAD, DALLAS
808 N. FRANKLIN, #2212
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MOORHEAD, DALLAS
4519 GEORGE ROAD
145
TAMPA, FL 33634 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: DALLAS H. MOORHEAD

04/16/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: MOORHEAD, DALLAS H
Address: 4519 GEORGE ROAD, #145
City-St-Zip: TAMPA, FL 33634

Title: CEO
Name: MOORHEAD, MARK D
Address: 11451 WESTFIELD BLVD.
City-St-Zip: CARMEL, IN 46032

Title: VP
Name: RAMGE, BRADFORD G
Address: 4519 GEORGE ROAD, #145
City-St-Zip: TAMPA, FL 33634

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: MARK D. MOORHEAD

CEO

04/16/2011

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