2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2012
Secretary of State

DOCUMENT# L10000086307

Entity Name: WOUND CARE SERVICES, LLC

Current Principal Place of Business:

4519 GEORGE ROAD
145
TAMPA, FL 33634

New Principal Place of Business:

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
4519 GEORGE ROAD
145
TAMPA, FL 33634 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: 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 Statues.

SIGNATURE: DALLAS MOORHEAD PRES 03/04/2012

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