

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000101070

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** INTEGRATED WOUND SPECIALISTS OF FLORIDA, LLC

**Current Principal Place of Business:**

4500 SALISBURY ROAD, SUITE 300  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4500 SALISBURY ROAD, SUITE 300  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 27-3557965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLAYTON, THOMAS  
4500 SALISBURY ROAD, SUITE 300  
JACKSONVILLE, FL 32216 US

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

CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CT CORPORATION SYSTEMS

04/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DIVERSIFIED PHYSICIAN MANAGEMENT, LLC  
Address: 4500 SALISBURY ROAD, SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32216

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: KIMBERLY BERRY

MGRM

04/07/2011

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