2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# L11000040498

Entity Name: WOUND CARE AT HOME, LLC

Current Principal Place of Business:

7820 PETERS RD
STE 102
PLANTATION, FL 33324 US

New Principal Place of Business:

7820 PETERS RD
STE 100
PLANTATION, FL 33324 US

Current Mailing Address:

RUDY NORIEGA
3529 GULFSTREAM WAY
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORIEGA, RUDY
3529 GULFSTREAM WAY
DAVIE, FL 33324 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: NORIEGA, RUDY J
Address: 3529 GULFSTREAM WAY
City-St-Zip: DAVIE, FL 33324 US

Title: MGRM
Name: NORIEGA, ROSA
Address: % 3529 GULFSTREAM WAY
City-St-Zip: DAVIE, FL 33324 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 Statues.

SIGNATURE: RUDY NORIEGA MGR 04/12/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date