

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000046532

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** INNOVATIONS IN WOUND CARE LLC

**Current Principal Place of Business:**

1009 N. CHURCH AVE.  
PO BOX 767  
MULBERRY, FL 33860

**New Principal Place of Business:**

1009 N. CHURCH AVE.  
MULBERRY, FL 33860

**Current Mailing Address:**

1009 N. CHURCH AVE.  
PO BOX 767  
MULBERRY, FL 33860

**New Mailing Address:**

**FEI Number:** 45-1838395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: MGRM  
Name: SLAUGHTER, THOMAS  
Address: 1009 N. CHURCH AVE., PO BOX 767  
City-St-Zip: MULBERRY, FL 33860

Title: MGRM  
Name: LAMBERT, CAREY  
Address: 2513 COUNTRY CLUB ROAD NORTH  
City-St-Zip: WINTER HAVEN, FL 33881

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: THOMAS SLAUGHTER

MGRM

04/05/2012

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