

DOCUMENT# L11000100967

Entity Name: PHYSICIAN WOUND ASSOCIATES, LLC

New Principal Place of Business:

Current Mailing Address:**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:

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: RODZ, MARK
Address: 9275 SW 152ND ST. SUITE 208
City-St-Zip: MIAMI, FL 33157

Title: MGRM
Name: SANCETTA, RONALD
Address: 9275 SW 152ND ST. SUITE 208
City-St-Zip: MIAMI, FL 33157

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 RODZ

MGRM

04/03/2012

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