2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# L11000133913

Entity Name: ABSOLUTE WOUND CARE, PLLC

Current Principal Place of Business:

7857 UMBERTO CT.
NAPLES, FL 34114 US

New Principal Place of Business:

Current Mailing Address:

7857 UMBERTO CT.
NAPLES, FL 34114 US

New Mailing Address:

FEI Number: 45-3930393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PULEO, SUSAN
7857 UMBERTO CT.
NAPLES, FL 34114 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: PULEO, SUSAN
Address: 7857 UMBERTO CT.
City-St-Zip: NAPLES, FL 34114 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: SUSAN PULEO, RN,WCC MGRM 05/01/2012

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