

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002369

FILED
May 05, 2008
Secretary of State

Entity Name: NATIONAL WOUND CARE, L.L.C.

Current Principal Place of Business:

1943 A SHERWOOD ST
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

1943 A SHERWOOD ST
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 37-1401747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BASISTA, FRAN
2711 44TH ST. NORTH
ST. PETERSBURG, FL 33713 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PRINCE, JOHN
Address: 2906 W CLARK ROAD
City-St-Zip: CHAMPAIGN, IL 61822

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN PRINCE

PRES

05/05/2008

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