

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000003869

**FILED**  
**May 20, 2004**  
**Secretary of State**

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

**Current Principal Place of Business:**

2589 NORTH STATE RD. 7  
FORT LAUDERDALE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

2589 NORTH STATE RD. 7  
FORT LAUDERDALE, FL 33313

**New Mailing Address:**

**FEI Number:** 20-0170462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAIRE, SCOTT A  
2589 NORTH STATE RD. 7  
FORT LAUDERDALE, FL 33313

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

MANES, MICHAEL B  
633 SOUTH FEDERAL HIGHWAY  
300A  
FORT LAUDERDALE, FL 33301

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: MICHAEL B. MANES

05/20/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: HAIRE, SCOTT A  
Address: 2225 EAST RANDOL MILL RD., SUITE 305  
City-St-Zip: ARLINGTON, TX 760116308

**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 for the exemption stated in Section 119.07(3)(i), 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: SCOTT A. HAIRE

MANA

05/20/2004

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