

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90149 019 ****55.00

20060304



06282005 Chg-LLC CR2E083 (10/03)

DOCUMENT # M03000003869 1. Entity Name WOUND CARE INNOVATIONS, LLC					
Principal Place of Business 2589 NORTH STATE RD. 7 FORT LAUDERDALE, FL 33313			Mailing Address 2589 NORTH STATE RD. 7 FORT LAUDERDALE, FL 33313		
2. Principal Place of Business 790 Broward Blvd Suite, Apt. #, etc. Suite 300 City & State Ft. Lauderdale, FL Zip 33301 Country USA		3. Mailing Address 2225 E. Randol Mill Suite, Apt. #, etc. Suite 305 City & State Arlington, TX Zip 76011 Country USA			
4. FEI Number 20-0170462			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MANES, MICHAEL B 633 SOUTH FEDERAL HIGHWAY 300A FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAIRE, SCOTT A 2225 EAST RANDOL MILL RD., SUITE 305 ARLINGTON, TX 760116308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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:			6/28/05 817.633.9400		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		