

M03000003869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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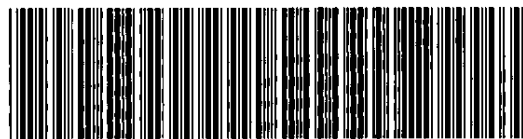
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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T. HAMPTON
JUN 15 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOUND CARE INNOVATIONS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myra Homer

Name of Person

Capitol Services Registered Agent Department

Firm/Company

800 Brazos, Suite 400

Address

Austin, Texas 78701

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myra Homer

Name of Person

at (800) 345-4647

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



**CAPITOL
SERVICES**

**Statement of Change of Registered Office
or Registered Agent or Both for Limited
Liability Company**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitoiservices.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**DATE: 6/9/2010
STATE: FLORIDA
REP UNIT: WOUND CARE INNOVATIONS, LLC**

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #19375 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



13-8965P

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: WOUND CARE INNOVATIONS, LLC

2. (a) Principal office address of limited liability company: 790 E BROWARD BLVD #400



(Note: MUST BE STREET ADDRESS)

ET LAUDERDALE, FL 33301

(b) Mailing address of limited liability company: WOUND CARE INNOVATIONS



(Note: MAY BE POST OFFICE BOX)

777 MAIN ST #3100

FORT WORTH, TX 76102

4-20-2010

3. Date of filing/registration in Florida

M03000003869

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

MICHAEL B. MANES

Registered Office Address:

633 S. FEDERAL Hwy

STE 300 A

ET LAUDERDALE, FL 33301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

CAPITOL CORPORATE SERVICES INC.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

ISS OFFICE PLAZA DR. Ste A

TAI AHASSEE, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Scott A. Hoice
Signature of a member or authorized representative of a member

Scott A. Hoice
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Deanne Case, asst. sec.
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00