

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000003869

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

790 BROWARD BLVD  
SUITE 400  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

777 MAIN STREET  
SUITE 3100  
FT. WORTH, TX 76102

**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:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR  
STE A  
TALLAHASSEE, FL 32301 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:** MGR  
**Name:** HAIRE, SCOTT A  
**Address:** 777 MAIN ST #1300  
**City-St-Zip:** FORT WORTH, TX 76102

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 Statutes.

SIGNATURE: SCOTT A HAIRE      MGR      01/31/2011

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