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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

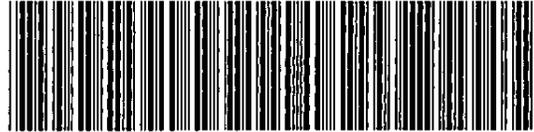
(Business Entity Name)

(Document Number)

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2009 SEP 29 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 30 2009

EXAMINER

# RecoverCare®

*Wound Care, Bariatrics & Patient Safety Solutions*

September 1, 2009

Re: Change of Ownership Notification: RecoverCare, LLC

Dear Sir or Madam:

The purpose of this letter is to provide notice of RecoverCare, LLC's recent change of ownership of its parent corporation. Effective August 1, 2009, all membership interests in RecoverCare, LLC were purchased by WoundCo Holdings, Inc. Operations and personnel remain unchanged under the new owner. In addition, the legal name, NPI, federal tax identification number and addresses for RecoverCare, LLC will remain the same.

Should you have any questions or require any additional information or documentation, please do not hesitate to contact me at 813-749-1516.

WoundCo Holdings, Inc  
Tax ID 80-0425274  
c/o Aurora Management Partners LLC  
10877 Wilshire Blvd Suite 2100  
Los Angeles CA 90024

Diane Snyder  
RecoverCare, LLC  
813-749-1516  
dsnyder@recovercare.com

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RecoverCare, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane Snyder  
Name of Person

RecoverCare, LLC  
Firm/Company

14350 Carlson Circle  
Address

Tampa FL 33626  
City/State and Zip Code

dsnyder@recovercare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Snyder at ( 813 ) 749-1516  
Name of Person Area Code and 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       \$30 Filing Fee & Certificate of Status       \$55.00 Filing Fee & Certified Copy      } \$60 Filing Fee, Certificate of Status & Certified Copy

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**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY  
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: RecoverCare LLC

2. This entity was formed under the laws of: Pennsylvania

3. This entity was authorized to transact business in Florida on 11/1/2007  
and its Florida document/registration number is MD1000004274

4. The name and address of each manager or managing member is as follows:

Title:  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address:

MGRM

Wound Co Holdings, Inc  
910 Aurora Management Partners LLC  
10877 Wilshire Blvd Suite 2100  
Los Angeles CA 90024

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Required Signature: Diane Snyder  
Signature of Manager, Managing Member or Member