2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

DOCUMENT# M09000002248

Entity Name: WOUND PROFESSIONAL SERVICES, LLC

Current Principal Place of Business:

13317 WESTBURY WAY
GOSHEN, NY 40026 US

New Principal Place of Business:

13317 WESTBURY WAY
GOSHEN, KY 40026 US

Current Mailing Address:

13317 WESTBURY WAY
GOSHEN, NY 40026 US

New Mailing Address:

13317 WESTBURY WAY
GOSHEN, KY 40026 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: D
Name: MUELLER, MICHAEL J.
Address: 13317 WESTBURY WAY
City-St-Zip: GOSHEN, KY 40026

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 Statues.

SIGNATURE: MICHAEL MUELLER MGR 04/28/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date