

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001502

FILED
May 01, 2012
Secretary of State

Entity Name: INTEGRATED WOUND SPECIALISTS, LLC

Current Principal Place of Business:

4500 SALISBURY ROAD SUITE 300
JACKSONVILLE, FL 32216

New Principal Place of Business:

5220 BELFORT ROAD
SUITE 200
JACKSONVILLE, FL 32256

Current Mailing Address:

4500 SALISBURY ROAD SUITE 300
JACKSONVILLE, FL 32216

New Mailing Address:

PO BOX 551187
JACKSONVILLE, FL 32255

FEI Number: 27-2294490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CEO
Name: NELSON, JEFF
Address: PO BOX 551187
City-St-Zip: JACKSONVILLE, FL 32255

Title: CFO
Name: WILLIAMS, WILLIAM
Address: PO BOX 551187
City-St-Zip: JACKSONVILLE, FL 32255

Title: COO
Name: MARTIN, GREG
Address: PO BOX 551187
City-St-Zip: JACKSONVILLE, FL 32255

Title: SEC
Name: WILLIAMS, WILLIAM
Address: PO BOX 551187
City-St-Zip: JACKSONVILLE, FL 32255

Title: D
Name: PATRICK, JAMES
Address: PO BOX 551187
City-St-Zip: JACKSONVILLE, FL 32255

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: WILLIAM WILLIAMS

CFO

05/01/2012

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