

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005403

FILED
Jan 27, 2012
Secretary of State

Entity Name: ACCELECARE WOUND PROFESSIONALS, L.L.C.

Current Principal Place of Business:

10900 NE 4TH STREET
SUITE 1920
BELLEVUE, WA 98004

New Principal Place of Business:

Current Mailing Address:

10900 NE 4TH STREET
SUITE 1920
BELLEVUE, WA 98004

New Mailing Address:

FEI Number: 27-4260529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: MGRM
Name: ACCELECARE WOUND CENTERS
Address: 10900 NE 4TH STREET, SUITE 1920
City-St-Zip: BELLEVUE, WA 98004

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: PAMELA SPANIAC

MGR

01/27/2012

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