

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002370

FILED
Jul 17, 2008
Secretary of State

Entity Name: AMERICAN ACADEMY OF WOUND MANAGEMENT, INC.

Current Principal Place of Business:

1155 15TH STREET, NW
#500
WASHINGTON, DC 20005 US

New Principal Place of Business:

Current Mailing Address:

1155 15TH STREET, NW
#500
WASHINGTON, DC 20005 US

New Mailing Address:

FEI Number: 65-0587679 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLECK, CYNTHIA A
Address: 4949 KARINGTON PLACE DRIVE
City-St-Zip: ST. LOUIS, MO 63129

Title: PE () Delete
Name: MCCALLON, STANLEY K
Address: 1800 IRVING PLACE
City-St-Zip: SHREVEPORT, LA 71101

Title: T () Delete
Name: HETRICK, HEATHER LEIGH
Address: 3619 NOTTINGHAM WAY
City-St-Zip: HAMILTON, NJ 08690

Title: S () Delete
Name: CONNER-KERR, TERESA A
Address: 331 F.L. ATKINS BLDG
City-St-Zip: WINSTON-SALEM, NC 27110

Title: PM () Delete
Name: SMITH, KELLY M PD
Address: 800 ROSE STREET, H-113
City-St-Zip: LEXINGTON, KY 405360293

Title: ED () Delete
Name: MURPHY, CHRIS M
Address: 1155 15TH STREET, NW STE 500
City-St-Zip: WASHINGTON, DC 20005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS M MURPHY

ED

07/17/2008

Electronic Signature of Signing Officer or Director

Date