

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:

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:

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

OFFICERS AND DIRECTORS:

Title: P () Delete

Name: FLECK, CYNTHIA A

Address: 4949 KARINGTON PLACE DRIVE

City-St-Zip: ST. LOUIS, MO 63129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: PE () Delete

Name: MCCALLON, STANLEY K

Address: 1800 IRVING PLACE

City-St-Zip: SHREVEPORT, LA 71101

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: T () Delete

Name: HETTRICK, HEATHER LEIGH

Address: 3619 NOTTINGHAM WAY

City-St-Zip: HAMILTON, NJ 08690

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: S () Delete

Name: CONNER-KERR, TERESA A

Address: 331 F.L. ATKINS BLDG

City-St-Zip: WINSTON-SALEM, NC 27110

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: PM () Delete

Name: SMITH, KELLY M PD

Address: 800 ROSE STREET, H-113

City-St-Zip: LEXINGTON, KY 405360293

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: ED () Delete

Name: MURPHY, CHRIS M

Address: 1155 15TH STREET, NW STE 500

City-St-Zip: WASHINGTON, DC 20005

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