

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002370

FILED  
Jan 07, 2010  
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 ( )**

**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  
Name: MCCALLON, STANLEY K  
Address: 1800 IRVING PLACE  
City-St-Zip: SHREEVEPORT, LA 71101

Title: PE  
Name: SNYDER, ROBERT J  
Address: 7301 N. UNIVERSITY DRIVE  
City-St-Zip: TAMARAC, FL 33321

Title: T  
Name: HETTRICK, HEATHER LEIGH  
Address: 3619 NOTTINGHAM WAY  
City-St-Zip: HAMILTON, NJ 08690

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

Title: PM  
Name: DANIELS, CHARLES R.PH.,  
Address: 200 WEST ARBOR DRIVE, ROOM 1-317  
City-St-Zip: SAN DIEGO, CA 92103-87 US

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

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER M. MURPHY

E.D.

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date