

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002370

FILED
Jan 05, 2012
Secretary of State

Entity Name: AMERICAN BOARD 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 (X)

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

Title: PE
Name: CONLAN, WALTER
Address: 283 CRANES ROOST BLVD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T
Name: DAVID, MAHON E
Address: 880 W.. CENTRAL ROAD
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: S
Name: DIETER, SUSAN A
Address: 285 BLUEGRASS PARKWAY
City-St-Zip: OSWEGO, IL 60543

Title: PP
Name: MCCALLON, STANLEY KEITH
Address: LSU HEALTH SCIENCES CNT
City-St-Zip: SHREVEPORT, LA 71106 US

Title: EC
Name: MUCCULLOCH, JOSEPH M
Address: PO BOX 33932
City-St-Zip: SHREVEPORT, LA 71130

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

ED

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date