

PO0000086965

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

000003373540--8

-08/25/00--01054--022

*****78.75 *****78.75

SUBJECT:

Comprehensive Wound Care, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

THELMA M. BALL

Name (Printed or typed)

909 S. PARROTT AVE Ste 11C

Address

Okeechobee, FL 34977

City, State & Zip

863-467-8828

Daytime Telephone number

00 SEP 14 AM 7:44
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32314

NOTE: Please provide the original and one copy of the articles.

9-14
~~9-14~~
WC



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 30, 2000

THELMA M. BALL
909 S. PARROTT AVE., SUITE 11C
OKEECHOBEE, FL 34974

SUBJECT: COMPREHENSIVE WOUND CARE, INC.
Ref. Number: W00000021326

We have received your document for COMPREHENSIVE WOUND CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6995.

Wanda Cunningham
Document Specialist

Letter Number: 200A00046384

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

~~Comprehensive Wound Care, Inc.~~
Comprehensive Wound Care and Limb Preservation, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

909 S. Parrott AVE Ste 11C
OKEECHOBEE, FL 34974

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wound CARE, Out patient IV Therapy

ARTICLE IV SHARES

The number of shares of stock is:

20 or Minimum required

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

None

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00 SEP 14 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FL 09101

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

THELMA M. BALL
909 S. Parrott AVE Ste 11C
Okeechobee, FL 34974

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thelma M. Ball
909 S. Parrott AVE Ste 11C
Okeechobee, FL 34974

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Thelma M. Ball
Signature/Registered Agent

8/20/00
Date

Thelma M. Ball
Signature/Incorporator

8/20/00
Date