2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088771

City-St-Zip:

FILED Mar 25, 2009 Secretary of State

Entity Name: WOUND TECHNOLOGY NETWORK, INC. **Current Principal Place of Business: New Principal Place of Business:** 3440 HOLLYWOOD BLVD SUITE 460 HOLLYWOOD, FL 33021 **New Mailing Address: Current Mailing Address:** 3440 HOLLYWOOD BLVD SUITE 460 HOLLYWOOD, FL 33021 FEI Number: 65-0950817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COHEN, JEFFREY L COHEN, JEFFREY L 909 S.E. 5TH AVENUE 54 NORTHEAST FOURTH AVENUE DELRAY BEACH, FL 33483 US DELRAY BEACH, FL 33483 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: 03/25/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GALITZ, JEFFREY L MD, DPM Name: Name: 3440 HOLLYWOOD BLVD SUITE 460 Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition POLLACK, GEORGE I Name: Name: 3440 HOLLYWOOD BLVD SUITE 460 Address: Address: HOLLYWOOD, FL 33021

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: GEORGE POLLACK 03/25/2009