

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016312

FILED
Apr 21, 2004
Secretary of State

Entity Name: WOUND HEALING ASSOCIATES OF TAMPA, INC.

Current Principal Place of Business:

13014 NORTH DALE MABRY HIGHWAY SUITE 610
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13014 NORTH DALE MABRY HIGHWAY SUITE 610
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3698844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKETT, DONALD E DR.
16110 FOXFIRE DRIVE
TAMPA, FL 33618

Name and Address of New Registered Agent:

BECKETT, DONALD E DR.
10144 DEERCLIFF DR.
TAMPA, FL 33647

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:

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BECKETT, DONALD E DR.
Address: 16110 FOXFIRE DRIVE
City-St-Zip: TAMPA, FL 33618

Title: VD (X) Delete
Name: WILLIAMS, JOSEPH B
Address: 10364 CARROLWOOD LANE APT 226
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BECKETT, DONALD E DR.
Address: 10144 DEERCLIFF DR.
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: DR. DONALD E. BECKETT

PD

04/21/2004

Electronic Signature of Signing Officer or Director

Date