

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90255 042 ***150.00

DOCUMENT # P02000032179

1. Entity Name

WOUND CARE CLINIC - ESU, FLORIDA INC.



Principal Place of Business

**1201 S. HIGHLAND AVENUE
SUITE 1
CLEARWATER FL 33756**

Mailing Address

**1201 S. HIGHLAND AVENUE
SUITE 1
CLEARWATER FL 33756**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-0997533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KREISSLER, PAULA K
111 22ND AVE. NORTH
ST. PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

Name

Linda Rosen

Street Address (P.O. Box Number is Not Acceptable)

145 Prado Place

City

Lakeland

FL

Zip Code

33803

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda Rosen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PST** ☒ Delete
NAME **KREISSLER, PAULA K**
STREET ADDRESS **111 22ND AVE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE **V** ☒ Delete
NAME **GALLOWAY, TERESA A**
STREET ADDRESS **101 PINE ROAD**
CITY-ST-ZIP **SEWICKLEY PA 15143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
NAME **Rosen, Linda**
STREET ADDRESS **145 Prado Place**
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **- V** ☒ Change ☐ Addition
NAME **Edna Duran**
STREET ADDRESS **12946-160th St. No.**
CITY-ST-ZIP **Large, FL 33778**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

727-447-9630

Daytime Phone #

CR2E034 (10/02)