

# PO2000034598

**Florida Department of State**

Division of Corporations

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**To:**

Division of Corporations  
Fax Number : (850) 205-0381

**From:**

Account Name : ACE INDUSTRIES, INC.  
Account Number : 070744001530  
Phone : (305) 358-2571  
Fax Number : (305) 358-7832

**FLORIDA PROFIT CORPORATION OR P.A.****WOUND HEALING ASSOCIATES, INC.**

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TALLAHASSEE, FLORIDA

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**H02-68134**

**Articles of Incorporation**

Article 1: Name of Corporation: **WOUND HEALING ASSOCIATES, INC.**  
Address of Corporation: **100 WEST KENNEDY BLVD., STE. 706**  
**TAMPA, FLORIDA 33602**

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **100,000**, with a par value of **\$1.00**.

Article 3: REGISTERED AGENT: **DR. DONALD E. BECKETT**

REGISTERED OFFICE: **100 W. KENNEDY BLVD., STE. 706**  
**TAMPA, FLORIDA 33602**

\*I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.



Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).  
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. **DR. DONALD E. BECKETT, 16110 FOXFIRE DR., TAMPA, FLORIDA 33618**
2. **JOSEPH WILLIAMS, 2910 KELLY RIDGE LN., TAMPA, FLORIDA 33604**
3. **JOSEPH CAROLFI, 901 MAPLE AVE., COLLINGSWOOD, NEW JERSEY 08108**

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

**DR. DONALD E. BECKETT**  
**100 W. KENNEDY BLVD., STE. 706**  
**TAMPA, FLORIDA 33602**

In witness whereof, I have subscribed my name:



Signature of Incorporator

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