2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# P02000034598

Entity Name: WOUND HEALING ASSOCIATES, INC.

Current Principal Place of Business:

100 WEST KENNEDY BLVD STE 706
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

100 WEST KENNEDY BLVD STE 706
TAMPA, FL 33602

New Mailing Address:

FEI Number: 71-0878321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKETT, DONALD E DR
100 WEST KENNEDY BLVD STE 706
TAMPA, FL 33602

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: D (X) Delete
Name: WILLIAMS, JOSEPH
Address: 2910 KELLY RIDGE LN
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete
Name: CAROLFI, JOSEPH
Address: 901 MAPLE AVE
City-St-Zip: COLLINGSWOOD, NJ 08108

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:

Title: VD (X) Change ( ) Addition
Name: CAROLFI, JOSEPH
Address: 901 MAPLE AVE
City-St-Zip: COLLINGSWOOD, NJ 08108

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