

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90448 011 ***150.00

DOCUMENT # P02000048918

1. Entity Name

WOUND THERAPY, INC.



Principal Place of Business

**13505 N BRANCH RD
SARASOTA FL 34240**

Mailing Address

**13505 N BRANCH RD
SARASOTA FL 34240**

2. Principal Place of Business

**6850 POSSUM TRAIL
Suite, Apt. #, etc.**

3. Mailing Address

**6850 POSSUM TRAIL
Suite, Apt. #, etc.**

City & State

SARASOTA

Country

SARASOTA

City & State

SARASOTA

Zip

34240

Country

SARASOTA

4. FEI Number

04-3661052

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALLITTO, CATHLEEN
13505 N BRANCH RD
SARASOTA FL 34240**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 P
NAME SALLITTO, CATHLEEN
STREET ADDRESS 13505 N BRANCH RD
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME SALLITTO, CATHLEEN
STREET ADDRESS 6850 POSSUM TRAIL
CITY-ST-ZIP SARASOTA, FL 34240 ☒ Change ☐ Addition

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

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

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

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

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

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:

Cathleen Sallitto

**CATHLEEN SALLITTO
PRES.**

4/

/04 (941)
921-6707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #