


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90026 012 ***150.00

DOCUMENT # P02000048918	
1. Entity Name WOUND THERAPY, INC.	

Principal Place of Business 6850 POSSUM TRAIL SARASOTA, FL 34240	Mailing Address 6850 POSSUM TRAIL SARASOTA, FL 34240
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07082008 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SALLITTO, CATHLEEN 6850 POSSUM TRAIL SARASOTA, FL 34240		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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SALLITTO, CATHLEEN 6850 POSSUM TRAIL SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SALLITTO, JOSEPH 6850 POSSUM TRAIL SARASOTA, FL 34240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CATHLEEN SALLITTO
PRESIDENT**

7/19/08 941-921-6707
Date Daytime Phone #