

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000119773

FILED
Oct 08, 2007
Secretary of State

Entity Name: WOUND MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2221 LEE ROAD
SUITE 26
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

2221 LEE ROAD
SUITE 26
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 61-1432663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD, SUITE 100
MAITLAND, FL 32751 US

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DRAZEN, SUSAN
Address: 2221 LEE ROAD, SUITE 26
City-St-Zip: WINTER PARK, FL 32789 US

Title: VP () Delete
Name: DRAZEN, ROBERT
Address: 2221 LEE ROAD, SUITE 26
City-St-Zip: WINTER PARK, FL 32789 US

Title: DST () Delete
Name: ROSS, HELENE
Address: 2221 LEE ROAD, SUITE 26
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COHEN, JILL
Address: 2221 LEE ROAD, SUITE 26
City-St-Zip: WINTER PARK, FL 32789 US

Title: VPSD (X) Change () Addition
Name: DRAZEN, SUSAN
Address: 2221 LEE ROAD, SUITE 26
City-St-Zip: WINTER PARK, FL 32789 US

Title: T (X) Change () Addition
Name: COHEN, JEFFREY
Address: 2221 LEE ROAD, SUITE 26
City-St-Zip: WINTER PARK, FL 32789 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JILL COHEN

PD

10/08/2007

Electronic Signature of Signing Officer or Director

Date