

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000119773

FILED
Mar 04, 2008
Secretary of State**Entity Name:** WOUND MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**725 W ST ROAD 434
SUITE C
LONGWOOD, FL 32750**New Principal Place of Business:****Current Mailing Address:**725 W ST ROAD 434
SUITE C
LONGWOOD, FL 32750**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:**COHEN, JEFFREY B
725 WEST STATE ROAD 434
SUITE C
LONGWOOD, FL 32750 US

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: JEFFREY B. COHEN

03/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFFREY B. COHEN

TREA

03/04/2008

Electronic Signature of Signing Officer or Director

Date