

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119773

FILED
Feb 03, 2009
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:

COHEN, JEFFREY B
725 WEST STATE ROAD 434
SUITE C
LONGWOOD, FL 32750 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: ST () Delete
Name: COHEN, JEFFREY B
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:

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

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date