

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079619

FILED
Apr 29, 2011
Secretary of State

Entity Name: WOUND THERAPY PROFESSIONALS, INC.

Current Principal Place of Business:

12750 JUDY ST
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 290046
TEMPLE TERRACE, FL 33687

New Mailing Address:

FEI Number: 75-3113282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIZAN, MICHAL
12750 JUDY ST.
DADE CITY, FL 33525 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: P
Name: NIZAN, MICHAL
Address: 12750 JUDY ST.
City-St-Zip: DADE CITY, FL 33525

Title: VP
Name: NIZAN, MOSHE
Address: 12750 JUDY ST.
City-St-Zip: DADE CITY, FL 33525

I hereby 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 all other like empowered.

SIGNATURE: MICHAL NIZAN

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date