

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093847

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: HYPERBARIC & WOUNDCARE, INC.

**Current Principal Place of Business:**

16606 VILLAVENDA DE AVILA  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

16606 VILLAVENDA DE AVILA  
TAMPA, FL 33613 US

**New Mailing Address:**

FEI Number: 20-0180690      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, KAMLESH H  
1211 N. WESTSHORE BLVD.  
SUITE 104  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

PATEL, KAMLESH H  
1211 N. WESTSHORE BLVD.  
104  
TAMPA, FL 33607 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: KAMLESH H PATEL

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete  
Name: PATEL, RAVINDRA  
Address: 16606 VILLAVENDA DE AVILA  
City-St-Zip: TAMPA, FL 33613 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: PATEL, RAVINDRA  
Address: 16606 VILLAVENDA DE AVILA  
City-St-Zip: TAMPA, FL 33613 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAVINDRA PATEL

PTSD

04/22/2004

Electronic Signature of Signing Officer or Director

Date