

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093847

**FILED**  
**Apr 29, 2008**  
**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, RAVINDRA  
16606 VILLAVENDA DE AVILA  
TAMPA, FL 33613 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:** PSTD ( ) Delete  
**Name:** PATEL, RAVINDRA  
**Address:** 16606 VILLAVENDA DE AVILA  
**City-St-Zip:** TAMPA, FL 33613 US

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

**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: PATEL RAVINDRA

PSTD

04/29/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date