

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024986

FILED
Mar 22, 2011
Secretary of State

Entity Name: WOUND HEALING SERVICES, INC.

Current Principal Place of Business:

27910 NW 46TH AVENUE
NEWBERRY, FL 32669

New Principal Place of Business:

14841 NW 185 STREET
WILLISTON, FL 32696

Current Mailing Address:

27910 NW 46TH AVENUE
NEWBERRY, FL 32669

New Mailing Address:

14841 NW 185 STREET
WILLISTON, FL 32696

FEI Number: 20-2299980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDA, COWAN J
27910 NW 46 AVE
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

LINDA, COWAN J
14841 NW 185 STREET
WILLISTON, FL 32696 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:

03/22/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: COWAN, LINDA J
Address: 14841 NW 185 STREET
City-St-Zip: WILLISTON, FL 32696

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: LINDA J. COWAN, PHD, ARNP, CWS

P/D

03/22/2011

Electronic Signature of Signing Officer or Director

Date