2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 19, 2012
Secretary of State

DOCUMENT# P05000024986

Entity Name: WOUND HEALING SERVICES, INC.

Current Principal Place of Business:

14841 NW 185 STREET
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

14841 NW 185 STREET
WILLISTON, FL 32696

New Mailing Address:

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

Title: CFO
Name: COWAN, WILLIAM R
Address: 14841 NW 185 STREET
City-St-Zip: WILLISTON, FL 32696 US

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 P/D 03/19/2012

Electronic Signature of Signing Officer or Director — Date