

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000089946

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED WOUND TECHNOLOGIES USA, INC.

**Current Principal Place of Business:**

33 NORTH GARDEN AVENUE  
SUITE 875  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

**Current Mailing Address:**

33 NORTH GARDEN AVENUE  
SUITE 875  
CLEARWATER, FL 33755 US

**New Mailing Address:**

**FEI Number:** 42-1689212      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HAGOPIAN, MARK  
33 NORTH GARDEN AVENUE, SUITE 875  
CLEARWATER, FL 33755 US

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

SOCKOL, DAVID ESQ.  
325 5TH STREET SOUTH  
SAINT PETERSBURG, FL 33701 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: DAVID J. SOCKOL

01/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: HAGOPIAN, MARK  
Address: 33 NORTH GARDEN AVENUE, SUITE 875  
City-St-Zip: CLEARWATER, FL 33755 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: MARK HAGOPIAN

PSTD

01/07/2011

Electronic Signature of Signing Officer or Director

Date