# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 15, 2007**
**Secretary of State**

DOCUMENT# P06000053285

**Entity Name:** COORDINATED WOUND CARE, INC.

**Current Principal Place of Business:**

5150-2 TIMIQUANA ROAD
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

5150-2 TIMIQUANA ROAD
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number: 20-4692977** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MCENANY, THOMAS
5150-2 TIMIQUANA ROAD
JACKSONVILLE, FL 32210 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: D ( ) Delete
Name: MATHEWS, KEVIN
Address: 5150-2 TIMIQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: MCENANY, THOMAS
Address: 5150-2 TIMIQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: MASOUD MENTI, MOHAMMAD
Address: 2247 SALT MYRTLE LANE
City-St-Zip: ORLANGE PARK, FL 32003

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS MCENANY D 02/15/2007

Electronic Signature of Signing Officer or Director — Date