

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000053285

FILED
Apr 29, 2010
Secretary of State

Entity Name: COORDINATED WOUND CARE, INC.

Current Principal Place of Business:

2580-2 CT 220
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

PO BOX 66149
ORANGE PARK, FL 320650020

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: VPOD
Name: MATHEWS, KEVIN
Address: 5150-2 TIMIQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: PSD
Name: MCENANY, THOMAS
Address: 5150-2 TIMIQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

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: THOMAS MCENANY

PSD

04/29/2010

Electronic Signature of Signing Officer or Director

Date