

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000053285

**FILED**  
**Mar 25, 2011**  
**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:**

2580-2 COUNTY ROAD 220  
MIDDLEBURG, FL 32068 US

**Current Mailing Address:**

PO BOX 66149  
ORANGE PARK, FL 320650020

**New Mailing Address:**

PO BOX 66149  
ORANGE PARK, FL 320650020 US

**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:**

MCENANY, THOMAS  
2580-2 COUNTY ROAD 220  
MIDDLEBURG, FL 32068 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: THOMAS MCENANY

03/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: MATHEWS, KEVIN  
Address: 2580-2 COUNTY ROAD 220  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: PSD  
Name: MCENANY, THOMAS  
Address: 2580-2 COUNTY ROAD 220  
City-St-Zip: MIDDLEBURG, FL 32068 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: THOMAS MCENANY

PSD

03/25/2011

Electronic Signature of Signing Officer or Director

Date