

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000087266

1. Entity Name
NATIONAL WOUND CARE PHYSICIANS, INC.



Principal Place of Business
**2039 INDIAN ROCKS ROAD
LARGO, FL 33774**

Mailing Address
**PO BOX 752
DUNEDIN, FL 34697**



01202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5125324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CASTILLENITI, THOMAS A
2039 INDIAN ROCKS ROAD
LARGO, FL 33774**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST CASTILLENITI, THOMAS A 2039 INDIAN ROCKS ROAD LARGO, FL 33774
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02/07/08-80032-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas A. Castillenti **THOMAS A CASTILLENITI DO** 1/23/08 727 584 7666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #