2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P06000087266

Entity Name: NATIONAL WOUND CARE PHYSICIANS, INC.

Current Principal Place of Business:

2039 INDIAN ROCKS ROAD
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

PO BOX 752
DUNEDIN, FL 34697

New Mailing Address:

PO BOX 1888
ZEPHYRHILLS, FL 33539

FEI Number: 20-5125324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTILLENTI, THOMAS A
2039 INDIAN ROCKS ROAD
LARGO, FL 33774 US

Name and Address of New Registered Agent:

CASTILLENTI, THOMAS A
701 POINSETTIA ROAD
#340
BELLEAIR, FL 33539 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: 04/21/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: CASTILLENTI, THOMAS A
Address: 2039 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 33774

Title: D ( ) Delete
Name: CASTILLENTI, THOMAS A
Address: 2039 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 33774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: CASTILLENTI, THOMAS A
Address: P.O. BOX 1888
City-St-Zip: ZEPHYRHILLS, FL 33539

Title: D (X) Change ( ) Addition
Name: CASTILLENTI, THOMAS A
Address: P.O. BOX 1888
City-St-Zip: ZEPHYRHILLS, FL 33539

I hereby certify that the information supplied with this filing does not qualify 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 A CASTILLENTI P 04/21/2009
Electronic Signature of Signing Officer or Director — Date