2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
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:

13345 THOROUGHBRED DRIVE
DADE CITY, FL 33525

Current Mailing Address:

PO BOX 1888
ZEPHYRHILLS, FL 33539

New Mailing Address:

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
38135 MARKET SQUARE
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

CASTILLENTI, THOMAS A
13345 THOROUGHBRED DRIVE
DADE CITY, FL 33525 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: _____ 04/28/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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 A CASTILLENTI PVST 04/28/2011
Electronic Signature of Signing Officer or Director — Date