2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2009
Secretary of State

DOCUMENT# P07000070879

Entity Name: COAST TO COAST WOUND CARE SURGEONS, INC.

Current Principal Place of Business:

19380 COLLINS AVENUE
SUITE 1122B
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

976 MCCLEAN AVENUE
SUITE 387
YONKERS, NY 10704

New Mailing Address:

FEI Number: 26-0376794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THEODOROU, JOHN
19380 COLLINS AVENUE
SUITE 1122B
SUNNY ISLES BEACH, FL 33160 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THEODOROU, SPERO
Address: 976 MCLEAN AVENUE, STE 387
City-St-Zip: YONKERS, NY 10704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SPERO THEODOROU P 07/16/2009

Electronic Signature of Signing Officer or Director — Date