# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2011**
**Secretary of State**

DOCUMENT# P09000010002

**Entity Name:** FLORIDA WOUND CARE INC

**Current Principal Place of Business:**

19933 TAMIAMI AVE
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

19933 TAMIAMI AVE
TAMPA, FL 33647 US

**New Mailing Address:**

**FEI Number: 26-4265657** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUSSAIN, SAYYED T MD
19933 TAMIAMI AVE
TAMPA,FL, FL 33647 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

**OFFICERS AND DIRECTORS:**

Title: P
Name: HUSSAIN, SAYYED T MD
Address: 19933 TAMIAMI AVE
City-St-Zip: TAMPA, FL 33647 US

Title: VP
Name: LARSON-HUSSAIN, SARA E
Address: 19933 TAMIAMI AVE
City-St-Zip: TAMPA, FL 33647 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: SARA LARSON-HUSSAIN VP 04/22/2011

Electronic Signature of Signing Officer or Director Date