2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2010
Secretary of State

DOCUMENT# P09000048700

Entity Name: EPIC WOUND CARE, INC.

Current Principal Place of Business:

1365 N. COURTENAY PARKWAY
SUITE A
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

1365 N. COURTENAY PARKWAY
SUITE A
MERRITT ISLAND, FL 32953 US

New Mailing Address:

FEI Number: 27-0308652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CF CONSULTING, LLC
1365 N. COURTENAY PARKWAY
SUITE A
MERRITT ISLAND, FL 32953 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, D
Name: HICKEL, KELLY T
Address: 1365 N. COIURTENAY PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: D, S
Name: FORMAN, PHILIP
Address: 1365 N. COURTENAY PARKWAY, SUITE A
City-St-Zip: MERRITT ISLAND, FL 32953

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: KELLY T. HICKEL P 07/14/2010

Electronic Signature of Signing Officer or Director Date