2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2010
Secretary of State

DOCUMENT# P09000065419

Entity Name: WOUND CARE SERVICES, INC

Current Principal Place of Business:

916 13TH AVE. NORTH SUITE #4
ST. PETERSBURG, FL 33071

New Principal Place of Business:

916 13TH AVE. NORTH
SUITE #4
ST. PETERSBURG, FL 33071

Current Mailing Address:

916 13TH AVE. NORTH SUITE #4
ST. PETERSBURG, FL 33071

New Mailing Address:

FEI Number: 80-0463220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORHEAD, DALLAS
916 13TH AVE. NORTH SUITE #4
ST. PETERSBURG, FL 33071 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: MOORHEAD, DALLAS
Address: 916 13TH AVE. NORTH SUITE #4
City-St-Zip: ST. PETERSBURG, FL 33071

Title: C
Name: MOORHEAD, MARK
Address: 916 13TH AVE. NORTH SUITE #4
City-St-Zip: ST. PETERSBURG, FL 33071

Title: T
Name: MOORHEAD, WANDA
Address: 916 13TH AVE. NORTH SUITE #4
City-St-Zip: ST. PETERSBURG, FL 33071

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: DALLAS MOORHEAD P 01/26/2010

Electronic Signature of Signing Officer or Director Date