

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000069828

FILED
Apr 26, 2011
Secretary of State

Entity Name: WOUND CARE CONSULTANTS, P.A.

Current Principal Place of Business:

8422 CRESCO LANE
INVERNESS, FL 34450 US

New Principal Place of Business:

131 S. CITRUS
INVERNESS, FL 34452 US

Current Mailing Address:

P.O. BOX 99
INVERNESS, FL 34450 US

New Mailing Address:

P.O. BOX 99
INVERNESS, FL 34451 US

FEI Number: 27-0776524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDEN, JOHN H IV
151 E. HIGHLAND BLVD.
SUITE 171
INVERNESS, FL 34452 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: HENDRICK, THOMAS E M.D.
Address: 8422 CRESCO LANE
City-St-Zip: INVERNESS, FL 34450 US

Title: S/T
Name: DAVIS, TERRI G
Address: P.O. BOX 99
City-St-Zip: INVERNESS, FL 34450 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: TERRI DAVIS

S/T

04/26/2011

Electronic Signature of Signing Officer or Director

Date