

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000000862

FILED
Apr 20, 2010
Secretary of State

Entity Name: WOUND HEALING INSTITUTE OF FLETCHER, INC.

Current Principal Place of Business:

16606 VILLALENDA DE AVILA
TAMPA, FL 33613

New Principal Place of Business:

3000 MEDICAL PARK DR
STE 430
TAMPA, FL 33613

Current Mailing Address:

16606 VILLALENDA DE AVILA
TAMPA, FL 33613

New Mailing Address:

7171 N DALE MABRY HWY
STE 401
TAMPA, FL 33614

FEI Number: 27-1923545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 N. HIGHLAND AVENUE
TAMPA, FL 33602 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: PST
Name: WOUNDCAREMD INC
Address: 7171 N DALE MABRY HWY STE 401
City-St-Zip: TAMPA, FL 33614

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: RAVINDRA PATEL

PST

04/20/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date