

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000000862

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** WOUND HEALING INSTITUTE OF FLETCHER, INC.

**Current Principal Place of Business:**

3000 MEDICAL PARK DR  
STE 430  
TAMPA, FL 33613

**New Principal Place of Business:**

3000 MEDICAL PARK DR  
STE 430  
TAMPA, FL 33613 US

**Current Mailing Address:**

7171 N DALE MABRY HWY  
STE 401  
TAMPA, FL 33614

**New Mailing Address:**

7171 N DALE MABRY HWY  
STE 401  
TAMPA, FL 33614 US

**FEI Number:** 27-1923545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD STE 2800  
TAMPA, FL 33602 US

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: RAVINDRA PATEL

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: PATEL, RAVINDRA R  
Address: 7171 N DALE MABRY HWY STE 401  
City-St-Zip: TAMPA, FL 33614 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: RAVINDRA PATEL

PST

04/28/2011

Electronic Signature of Signing Officer or Director

Date