2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# P10000035807

Entity Name: IN HOME WOUND CARE, INC.

Current Principal Place of Business:

3335 BRIDE PATH LANE
WESTON, FL 33331 US

New Principal Place of Business:

3335 BRIDLE PATH LANE
WESTON, FL 33331 US

Current Mailing Address:

3335 BRIDE PATH LANE
WESTON, FL 33331 US

New Mailing Address:

3335 BRIDLE PATH LANE
WESTON, FL 33331 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRAVDA, SCOTT
3335 BRIDLE PATH LANE
WESTON,, FL 33331 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: PRAVDA, SCOTT
Address: 3335 BRIDLE PATH LANE
City-St-Zip: WESTON, FL 33331 FL

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: SCOTT PRAVDA PRES 04/20/2011
Electronic Signature of Signing Officer or Director Date