

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000037289

FILED
Apr 28, 2011
Secretary of State

Entity Name: WOUND HEALING INSTITUTE OF CHIPLEY, INC.

Current Principal Place of Business:

7171 NORTH DALE MABRY HWY
SUITE 401
TAMPA, FL 33614

New Principal Place of Business:

1360 BRICKYARD RD
CHIPLEY, FL 32428 US

Current Mailing Address:

7171 NORTH DALE MABRY HWY
SUITE 401
TAMPA, FL 33614

New Mailing Address:

7171 NORTH DALE MABRY HWY
SUITE 401
TAMPA, FL 33614 US

FEI Number: 27-2480170

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: 16606 VILLALENDA DE AVILA
City-St-Zip: TAMPA, FL 33613 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