

Florida Department of State
Division of Corporations
Filing Cover Sheet

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Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
WOUND CARE SPECIALIST WEST COAST INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FEB 13 2015

S. GILBERT

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME: The name of the corporation is:Wound Care Specialist West Coast Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3660 Central Ave Unit 9
Fort Myers FL 33901SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III SHARES: The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**CHRIS RODRIGUEZ MARTINEZ - (P)
MAYLEIDYS SABINA MENDEZ (VP)
CALVIN C. HIGGINS (VP)
DYAHIVIS SAAVEDRA CAMEJO (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:


MAYLEIDYS SABINA MENDEZ
3660 Central Ave Unit 9
Fort Myers FL 33901**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MAYLEIDYS SABINA MENDEZ
3660 Central Ave Unit 9
FORT MYERS FL 33901

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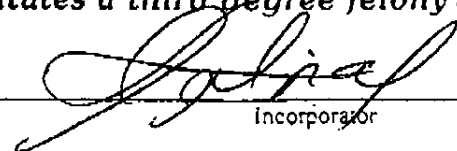
Required Signatures:

Having been named as registered agent to accept service of process for the above-stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Incorporator Date

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