

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18884

FILED
May 01, 2007
Secretary of State

Entity Name: WOUND CARE CENTERS, INC.

Current Principal Place of Business:

61 SPIT BROOK RD.
STE. 505
NASHUA, NH 03060 US

Current Mailing Address:

61 SPIT BROOK RD
NASHUA, NH 03060 US

New Principal Place of Business:

4500 SALISBURY RD.
STE #300
JACKSONVILLE, FL 32216 US

New Mailing Address:

4500 SALISBURY RD.
STE #300
JACKSONVILLE, FL 32216 US

FEI Number: 41-1503914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: AXMACHER, THOMAS
Address: 61 SPIT BROOK RD.
City-St-Zip: NASHUA, NH 03060

Title: D () Delete
Name: MCCONNELL, PAUL F
Address: 61 SPIT BROOK RD
City-St-Zip: NASHUA, NH 03060

Title: PSD () Delete
Name: PRIOR, JOHN C
Address: 61 SPIT BROOK RD.
City-St-Zip: NASHUA, NH 03060

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCKINLEY, W. LEROY
Address: 4500 SALISBURY RD. STE 300
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP D (X) Change () Addition
Name: MAX, ADAM
Address: 767 FIFTH AVENUE, 48TH FL
City-St-Zip: NEW YORK, NY 10153

Title: S D (X) Change () Addition
Name: HU, EION
Address: 4500 SALISBURY RD., STE 300
City-St-Zip: JACKSONVILLE, FL 32216

Title: CEO D () Change (X) Addition
Name: HENRY, JAMES
Address: 4500 SALISBURY RD., STE 300
City-St-Zip: JACKSONVILLE, FL 32216

Title: COOD () Change (X) Addition
Name: REICH, DAVID
Address: 4500 SALISBURY RD., STE 300
City-St-Zip: JACKSONVILLE, FL 32216

Title: CFO () Change (X) Addition
Name: ROWLEY, MICHAEL
Address: 4500 SALISBURY RD., STE 300
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES HENRY

CEO

05/01/2007

Electronic Signature of Signing Officer or Director

Date