

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18884

FILED
Apr 28, 2008
Secretary of State

Entity Name: WOUND CARE CENTERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

Title: CEOD () Delete
Name: HENRY, JAMES
Address: 4500 SALISBURY RD., STE 300
City-St-Zip: JACKSONVILLE, FL 32216

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEOD (X) Change () Addition
Name: NELSON, JEFFREY
Address: 4500 SALISBURY RD., STE 300
City-St-Zip: JACKSONVILLE, FL 32216

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

Title: D (X) Change () Addition
Name: QUINN, THOMAS H
Address: 1751 LAKE COOK ROAD, SUITE 550
City-St-Zip: DEERFIELD, IL 60015

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: KIMBERLY BERRY

A S

04/28/2008

Electronic Signature of Signing Officer or Director

Date