# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# P18884

**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: | NELSON, JEFFREY | |
| Address: | 450 0 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: | NELSON, JEFFREY | |
| Address: | 4500 SALISBURY RD., STE 300 | |
| City-St-Zip: | JACKSONVILLE, FL 32216 | |
| Title: | S | ( ) Delete |
| Name: | BERRY, KIMBERLY | |
| Address: | 4500 SALISBURY RD., STE 300 | |
| City-St-Zip: | JACKSONVILLE, FL 32216 | |
| Title: | D | ( ) Delete |
| Name: | QUINN, THOMAS H | |
| Address: | 1751 LAKE COOK ROAD, SUITE 550 | |
| City-St-Zip: | DEERFIELD, IL 60015 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 S 04/28/2009

Electronic Signature of Signing Officer or Director Date