

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18884

FILED
Feb 01, 2010
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
Name: NELSON, JEFFREY
Address: 4500 SALISBURY RD. STE 300
City-St-Zip: JACKSONVILLE, FL 32216

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

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

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

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

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

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: KIMBERLY BERRY

S

02/01/2010

Electronic Signature of Signing Officer or Director

Date