

P18884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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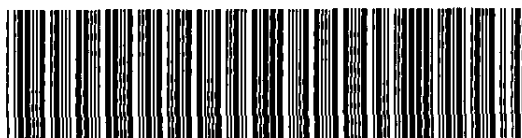
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 APR 24 AM 10:52

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

12 APR 24

PM 12:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Handwritten signature

APR 24 2012

C. MUSTAIN



CSC.

CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 161545 7110150

AUTHORIZATION:

COST LIMIT : \$ 35.00

ORDER DATE : April 9, 2012

ORDER TIME : 9:28 AM

ORDER NO. : 161545-069

CUSTOMER NO: 7110150

CHANGE OF AGENT

NAME: WOUND CARE CENTERS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Minnesota in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WOUND CARE CENTERS, INC.
2. The principal office address: 4500 Salisbury Rd. Ste #300, Jacksonville, FL 32216 US
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/19/1988 Document number: P18884

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 S Pine Island Road

Plantation, FL 33324 US

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12 APR 24 PM 12:39
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Maureen Cathell
(Signature of an officer or director)

Maureen Cathell, Vice President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: [Signature]
(Signature of Registered Agent)

04/04/2012

(Date)

If signing on behalf of an entity:

Elizabeth A. Dawson, Asst. Vice President

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)