

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18884

FILED
May 01, 2012
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:

5220 BELFORT ROAD
SUITE 200
JACKSONVILLE, FL 32256 US

Current Mailing Address:

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

New Mailing Address:

PO BOX 551187
JACKSONVILLE, FL 32255 US

FEI Number: 41-1503914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: NELSON, JEFFREY
Address: PO BOX 551187
City-St-Zip: JACKSONVILLE, FL 32255

Title: CFO
Name: WILLIAMS, WILLIAM
Address: PO BOX 551187
City-St-Zip: JACKSONVILLE, FL 32255

Title: COO
Name: MARTIN, GREG
Address: PO BOX 551187
City-St-Zip: JACKSONVILLE, FL 32255

Title: D
Name: PATRICK, JAMES
Address: PO BOX 551187
City-St-Zip: JACKSONVILLE, FL 32255

Title: SEC
Name: WILLIAMS, WILLIAMS
Address: PO BOX 551187
City-St-Zip: JACKSONVILLE, FL 32255

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: WILLIAM WILLIAMS

CFO

05/01/2012

Electronic Signature of Signing Officer or Director

Date