FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

FILED
APPROVED
AND
FILED
95 MAR -7 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044655 (6)

WOUND CARE MANAGEMENT, INC.

448 W. DONEGAN ST.
KISSIMMEE FL 34741

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KISSIMMEE FL 34741

3. Date Incorporated: 06/10/1994	3a. N/A
4. FEI Number: 59-3246588	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☑ No	

2. Principal Office: 21 448 W. Donegan Ave
2a. Mailing Address: 26 448 W. Donegan Ave

9. Name and Address of Current Registered Agent

MAYO, WILLIAM F
448 W. DONEGAN ST.
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: Terri D. Carroll
82 Street Address (P.O. Box Number is Not Acceptable): 448 W. Donegan Ave
84 City: Kissimmee FL 85 Zip Code: 34741

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 3/1/95

12. OFFICERS AND DIRECTORS (blank)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	☐ Change ☑ Addition
12 NAME	Terri D. Carroll	
13 STREET ADDRESS	448 W. Donegan Ave	
14 CITY-ST-ZIP	Kissimmee FL 34741	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/1/95 407 935 9000

0374034 CP