

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995

DOCUMENT # P94000044655 (6)

WOUND CARE MANAGEMENT, INC.

APPROVED
AND
FILED

95 MAR -7 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

448 W. DONEGAN ST.
KISSIMMEE FL 34741

448 W. DONEGAN ST.
KISSIMMEE FL 34741

3. Date of Incorporation or Organization
06/10/1994

3a. Date of Last Report
N/A

21. 448 W. DONEGAN AVE

2a. 448 W. DONEGAN AVE

4. Filing Number
59-3246588

Applied For
Not Applicable

22. 448 W. DONEGAN AVE

26. 448 W. DONEGAN AVE

5. Certificate of Status Desired
☐

\$8.75 Additional
Fee Required

23. 448 W. DONEGAN AVE

27. 448 W. DONEGAN AVE

6. Election Campaign Financing
First Fund Contribution
☐

\$5.00 May Be
Added to Fees

24. 448 W. DONEGAN AVE

28. 448 W. DONEGAN AVE

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes.
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name
TERRI D. CARROLL

82. Street Address (P.O. Box Number is Not Acceptable)
448 W. DONEGAN AVE

83. City
KISSIMMEE

84. State
FL

85. Zip Code
34741

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as follows, 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

SIGNATURE: *John D. Canale*

3/1/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I, the undersigned, certify that the information appearing with this filing is voluntarily furnished and checked and equally for the exemptions stated in the laws of the State of Florida. I further certify that the information included on this report is supplemental annual report or annual report and I am not aware of any other information that may be required to be filed with this report. I am not aware of any other information that may be required to be filed with this report. I am not aware of any other information that may be required to be filed with this report.

1. TITLE
PRESIDENT
2. NAME
TERRI D. CARROLL
3. STREET ADDRESS
448 W. DONEGAN AVE
4. CITY, ST. ZIP
KISSIMMEE FL 34741
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST. ZIP
9. TITLE
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93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, ST. ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST. ZIP

SIGNATURE: *John D. Canale*

3/1/95

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