FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044655 (6)

1. Corporation Name
WOUND CARE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
448 W. DONEGAN AVE. KISSIMMEE FL 34741 US	448 W. DONEGAN AVE. KISSIMMEE FL 34741 US

3. Date Incorporated or Qualified: 06/10/1994
3a. Date of Last Report: 03/07/1995
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 Place of Business		2a. Mailing Address
21	5368 Whispering Pine Circle	26	5368 Whispering Pine Circle
22	Suite, Apt #, etc.	27	Suite, Apt. #, etc.
23	City & State: St Cloud, FL	28	City & State: St Cloud, FL
24	Zip: 34771 · 25 Country: US	29	Zip: 34771 · 30 Country: US

9. Name and Address of Current Registered Agent

CARRROLL, TERRI D.
448 W. DONEGAN AVE.
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5868 Whispering Pine Circle
83
84 City: St Cloud FL 85 Zip Code: 34771

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] Terri D Carroll 06/14/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	CARROLL, TERRI D.		1.2 NAME	
STREET ADDRESS	448 W. DONEGAN AVE		1.3 STREET ADDRESS	5368 Whispering Pine Circle
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	St Cloud, FL 34771
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do 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)(k), Florida Statutes. I further certify that the information indicated on this 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] 06/14/96 407 957 4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Terri D Carroll

CR2E034 (12/95)