

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. MATHIAS
Secretary of State
TALLAHASSEE, FLORIDA 32304

APPROVED
(S) FILED

DOCUMENT # **P94000093083 (1)**

MAY - 1 PM 2:27

WOUND MANAGEMENT CO., INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 1344 W GRIFFIN RD LEESBURG FL 34748		Mailing Address 1344 W GRIFFIN RD LEESBURG FL 34748	
2. Principal State of Incorporation 21		2a. Mailing Address 26 F.O. Box 249	
3. Date incorporated or Qualified 12/15/1994		3a. Date of Last Report 59-3282155	
4. FFI Number 59-3282155		Applied For <input type="checkbox"/> New Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Tax Year (company, fiscal and shareholder) <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. The corporation has liability for intangible tax under S. 190.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	25	29	30

9. Name and Address of Current Registered Agent DAVIS, TAMMY S 1344 W GRIFFIN RD LEESBURG FL 34748		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code	

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL REGISTERED AGENTS	
12.1 NAME PD DAVIS, TAMMY S P.O. BOX 249 FRUITLAND PARK FL 34731	12.2 STREET ADDRESS FRUITLAND PARK FL 34731	13.1 NAME PD. DAVIS, TAMMY S 1344 W. GRIFFIN RD. LEESBURG, FL 34748	13.2 STREET ADDRESS FRUITLAND PARK FL 34731
12.3 NAME	12.4 STREET ADDRESS	13.3 NAME	13.4 STREET ADDRESS
12.5 NAME	12.6 STREET ADDRESS	13.5 NAME	13.6 STREET ADDRESS
12.7 NAME	12.8 STREET ADDRESS	13.7 NAME	13.8 STREET ADDRESS
12.9 NAME	12.10 STREET ADDRESS	13.9 NAME	13.10 STREET ADDRESS

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct and that my signature shall have the same legal effect as if made in person. This filing is available on the Internet at the Florida Department of State's website. This report is required by Chapter 607, Florida Statutes, and that its contents appear in Block 12 of this filing. I am not responsible for errors in this report as required by Chapter 607, Florida Statutes, and that its contents appear in Block 12 of this filing. I am not responsible for errors in this report as required by Chapter 607, Florida Statutes, and that its contents appear in Block 12 of this filing.

SIGNATURE: *Tammy S. Davis* **TAMMY S. DAVIS** 03-1695 904-326-9407
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR