FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATE ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093083 (1)**

1. Corporate Name

WOUND MANAGEMENT CO., INC.

Principal Place of Business

1344 W GRIFFIN RD
LEESBURG FL 34748

Mailing Address

1344 W GRIFFIN RD
LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1994

3a. Date of Last Report:

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip | 24 | County | 25

2a. Mailing Address

26 P O Box 249

Suite, Apt. #, etc.

27

City & State

28 FRUITLAND PARK FL

Zip 29 34731 | County 30 LAKE

4. FEI Number: 59-3282155

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. The corporation has/is/ for intangible tax under S 199.032 Florida Statutes ☐ Yes ☒ No

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 **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

Title	PD
Name	DAVIS, TAMMY S
Street Address	P.O. BOX 249
City-State-Zip	FRUITLAND PARK FL 34731

13. ADDITIONS, DELETIONS OR CHANGES

Title	PD.
Name	DAVIS, TAMMY S
Street Address	1344 W. Griffin Rd.
City-State-Zip	Leesburg, FL 34748

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate, and that this report complies with the requirements of Section 607.1622, 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 I am familiar with the facts and responsibilities relating to the requirements of this report.

SIGNATURE: Tammy S. Davis TAMMY S. DAVIS 03-16-95 904-326-9407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0002411 FP