

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90877 013 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **795000003033** ✓  
 1. Entity Name  
**Wound Care Associates, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7243 Captain Kidd Reef**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7243 Captain Kidd Reef**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Pensacola, FL**

City & State  
**Pensacola, FL**

Zip  
**32507** Country

Zip  
**32507** Country

4. FEI Number  
**59-3291505**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Alison Davenport**

Street Address (P.O. Box Number is Not Acceptable)  
**7243 Captain Kidd Reef**

City  
**Pensacola** FL Zip Code  
**32507**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1st May 1st Fee is \$150.00**  
**After May 1st Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Alison Davenport 7243 Captain Kidd Reef Pensacola, FL 32507</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Alison R. Davenport** *Alison R. Davenport* **4/30/02** **850 492-6659**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)