

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000005155 (3)

1. Corporation Name

ADVANCED WOUND CARE INSTITUTE INC.



Principal Place of Business

Mailing Address

6107 A MEMORIAL HIGHWAY
TAMPA FL 33615

6107 A MEMORIAL HIGHWAY
TAMPA FL 33615

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 260577

23 City & State

27 City & State

24 Zip

25 Country

28 Tampa, FL

29 33685

30 USA

3. Date Incorporated or Qualified

3a. Date of Last Report

01/19/1995

4. FEI Number

59-3290776

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD. STE. 211
PALM BEACH GARDENS FL 33418

81 Name

CAROLYN Gray

82 Street Address (P.O. Box Number is Not Acceptable)

6107-A MEMORIAL HWY

83

84 City

TAMPA

FL

85 Zip Code

33665

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Carolyn Gray

6-11-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GRAY, CAROLYN
STREET ADDRESS C/O 6107 A MEMORIAL HIGHWAY
CITY-ST-ZIP TAMPA FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME Gray, Carolyn
13 STREET ADDRESS P.O. Box 6873
14 CITY-ST-ZIP ODESSA, FL. 33556

21 TITLE
22 NAME
23 STREET ADDRESS 6107-A MEMORIAL HWY
24 CITY-ST-ZIP TAMPA, FL. 33615

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carolyn Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96

(8W)

886-8876

CR2E034 (3/96)