

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033209

FILED
Feb 26, 2011
Secretary of State

Entity Name: WOUND CLINICS OF AMERICA CORP.

Current Principal Place of Business:

980 NE DIXIE HWY
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

980 NE DIXIE HWY
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 65-0581386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIAMONTES, LOUIS A MD
980 NE DIXIE HWY
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: VIAMONTES, LOUIS A
Address: 1917 N.E. 21ST TERRACE
City-St-Zip: JENSEN BEACH, FL 34957

Title: VP
Name: VIAMONTES, ELLEN
Address: 1917 N.E. 21ST TERRACE
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS A. VIAMONTES MD

P

02/26/2011

Electronic Signature of Signing Officer or Director

Date