FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000037089 (6)**

1. Corporation Name

WOUND CARE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
7821 CORAL WAY #132 MIAMI FL 33155	7821 CORAL WAY #132 MIAMI FL 33155

3. Date Incorporated or Qualified: 05/08/1995

3a. Date of Last Report:

4. FEI Number: 65-0573700 ☐ 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. 190.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4250 S.W. 149 CT.	26 4250 S.W. 149 CT.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, Fl.	28 City & State: Miami, FL.
24 Zip: 33185 25 Country: USA	29 Zip: 33185 30 Country: USA

9. Name and Address of Current Registered Agent

NEWPORT-JONES, MARIA
4250 S.W. 149TH COURT
MIAMI FL 33185

10. Name and Address of New Registered Agent

81 Name: MARIA NEWPORT JONES
82 Street Address (P.O. Box Number is Not Acceptable): 4250 SW 149 COURT
83 City: Miami
84 FL 85 Zip Code: 33185

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. Each 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: MARIA NEWPORT-JONES DATE: 4/30/96

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	NEWPORT-JONES, JORGE	
STREET ADDRESS	4250 S.W. 149TH COURT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	VP	☐ DELETE
NAME	PACHECO, JOSE	
STREET ADDRESS	4734 N.W. 98TH PLACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VP	☐ DELETE
NAME	GARRIDO DIERO, ANA M	
STREET ADDRESS	6266 S.W. 39TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	S	☐ DELETE
NAME	PACHECO, MARIA T	
STREET ADDRESS	4734 N.W. 98TH PLACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	T	☐ DELETE
NAME	NEWPORT-JONES, MARIA I	
STREET ADDRESS	4250 S.W. 149TH COURT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	300001829340	☐ Change ☐ Addition
52 NAME	-05/20/96--01047--012	
53 STREET ADDRESS	***200.00	
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), 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 my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Jorge Newport-Jones 4/30/96 305 267-7113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/1/96