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FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
4250 SW 149 CT.  
MIAMI FL 33185

Mailing Address  
4250 SW 149 CT.  
MIAMI FL 33185-4357

3. Date Incorporated or Qualified  
05/08/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 12600 S.W. 70 Ave.

2a. Mailing Address  
26 12600 S.W. 70 Ave

4. FEI Number  
65-0573700

Applied For  
Not Applicable

Suite, Apt. #, etc.

22

27

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

City & State  
23 MIAMI FL.

28 MIAMI FL.

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip  
24 33156

Country  
25 USA

29 33156

30 USA

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

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

81 Name MARIA NEWPORT-JONES

82 Street Address (P.O. Box Number is Not Acceptable)  
12600 S.W. 70 Ave

83

84 City MIAMI FL 85 Zip Code 33156

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 obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12600 S.W. 70 Ave
1.4 CITY-ST-ZIP	MIAMI FL 33156
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NO Longer a Director or Officer.
3.3 STREET ADDRESS	Please Delete.
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	12600 S.W. 70 Ave
5.4 CITY-ST-ZIP	MIAMI FL 33156
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97  
Date

267-7113  
Daytime Phone #

0249868

CR2E034 (9/96)