

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 21, 1999 8:00 am  
Secretary of State

07-21-1999 90006 047 \*\*\*550.00

DOCUMENT # P95000037089

1. Corporation Name

WOUND CARE CONSULTANTS, INC.

Principal Place of Business

12600 SW 70 AVE  
MIAMI FL 33156  
US

Mailing Address

12600 SW 70 AVE  
MIAMI FL 33156  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1995

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 10431 N.W. 28 Street

Suite, Apt. #, etc.

22 Suite E-102

City & State

23 MIAMI, FL

Zip

24 33172

Country

25 USA

2a. Mailing Address

26 10431 N.W. 28 Street

Suite, Apt. #, etc.

27 Suite E-102

City & State

28 MIAMI, FL

Zip

29 33172

Country

30 USA

9. Name and Address of Current Registered Agent

NEWPORT-JONES, MARIA  
12600 SW 70 AVE  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
NEWPORT-JONES, JORGE  
STREET ADDRESS  
12600 SW 70 AVE  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
PACHECO, JOSE  
STREET ADDRESS  
4734 N.W. 98TH PLACE  
CITY-ST-ZIP  
MIAMI FL 33178

TITLE ☒ DELETE

NAME  
PACHECO, MARIA T  
STREET ADDRESS  
4734 N.W. 98TH PLACE  
CITY-ST-ZIP  
MIAMI FL 33178

TITLE ☒ DELETE

NAME  
NEWPORT-JONES, MARIA I  
STREET ADDRESS  
12600 SW 70 AVE  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
Vice President  
Jorge Newport-Jones  
1.3 STREET ADDRESS  
12600 S.W. 70 AVE  
1.4 CITY-ST-ZIP  
MIAMI FL 33156

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
PRESIDENT  
ERNEST E. OMS  
2.3 STREET ADDRESS  
9601 S.W. 119 COURT  
2.4 CITY-ST-ZIP  
MIAMI, FL 33186

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
SEC/TREASURER  
JOSE A. PACHECO  
3.3 STREET ADDRESS  
1126 ODISPO AV.  
3.4 CITY-ST-ZIP  
CORAL GABLES, FL 33134

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)