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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02 1998 8:00am Secretary of State

DOCUMENT # P95000073122 (0)							
	Name ITO WOUND THERAPIES, IN						
. 1744116	TIO TIQUID TILLIANEO, II	10.			A ABBANDEN HIR MENER BERNA	141 - 1111 1111 161	ie ((6) 116)
•							
Principal Place	o of Business	Mailing Address	Mailing Address			*** (1)** (1=1= 1)*	JU 1101 1201
2222 PLANTATION DRIVE		2222 PLANTATION DRIVE					
BEAUFORT SC 29902 US		US SEAUFORT SC 29902	BEAUFORT SC 29902		DO NOT WRITE IN THIS	SPACE	
••		00			3. Date incorporated or Qualified		
					09/20/1995		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			57-1031096		t Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.	-1		5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State	<u> </u>	City & State	City & State		6. Election Campaign Financing	\$5.00	
23	-	28	·····}		Trust Fund Contribution	Added 1	
Zip	Country	Zip	Country		8. This corporation owes or has paid the c	urrent year Int	angible
24	25		Personal Property Tax due June 30. Yes No] No	
- Bu	9, Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	I Agent	
DURHAM, RALSA F 9441 W SAMPLE RD							
• •)1 INDEPENDENT SQUARE		82	Street Add	eet Address (P.O. Box Number is Not Acceptable)		
	RAL SPRINGS FL 33065		83	L			
•						1221 40	
			84	City	F	L 85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing It	s registered
agent. La	egistered again, or both, in the state t m familiar with, and accept the obligat	tions of, Section 607.0505, Ftor	ida Statutes	r the corpora S.	ation's board of directors. Thereby accept the ap	pommen as	registereo
SIGNATURE							
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Age	ent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE		ABBITIONS/OFFICES TO OFFICE A	☐ Change	Addition
NAME	DURHAM, RALSA F		1.2 NAME	ĺ			(
STREET ADDRESS	2222 PLANTATION DRIVE		1.3 STREET	ADDRESS			Į.
CITY-ST-ZIP	BEAUFORT SC		1.4 CiTY - S	T-ZIP			
TITLE	_	D DETETE 2.13				Change	Addition
NAME	WILBUR, DANIEL A 2222 PLANTATION DRIVE		2.2 NAME				
STREET ADDRESS	BEAUFORT SC		23 STREET				1
CITY-ST-ZIP TITLE	BEAGI ON GO	DELETE	2 4 CITY-ST-ZIP 31 TITLE			Change	Addition
NAME		La beccie	3.2 NAME			Jimigs	
STREET ADDRESS			3.3 STREET	ADDRESS			j
CITY-ST-ZIP			3.4. CITY-				ł
TITLE			4.1 TITLE			Change	Addition
NAME		4.2		1			
STREET ADORESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		- Decree	4.4 CITY-S	T-ZIP			4.000
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME STREET ADDRESS	أسواح الوالي		5.2 NAME 5.3 STREET ADDRESS		a subtraction of the subtraction		ĺ
CITY-ST-ZIP			5.4 CITY - S				
TITLE		DELETE	6.1 T(TLE			☐ Change	Addition
NAME			6.2 NAME	J			J
STREET ADDRESS			6.3 STREET	ADDRESS			ļ
CITY+ST-ZIP			6.4 CiTY - S				
14. I hereby c	certify that the information supplied wit	h this filing does not qualify for	the exemp	tion stated it	n 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:

20 FEB98

(803) 521-9451