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May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000088901 (9)

1. Corporation Name

NETWORK FOR WOUND MANAGEMENT, INC.

Principal Place of Business

1061 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33060

Mailing Address

1061 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0706494

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23

28

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

FENMAN, STEVEN A ESQ.  
8382 STATE ROAD 84  
DAVE FL 33324

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
SAFF, HARVEY J DPM  
STREET ADDRESS 1061 E. ATLANTIC BLVD.  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☒ DELETE

NAME D  
FISHMAN, TAMARA DPM  
STREET ADDRESS 1061 E. ATLANTIC BLVD.  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME D  
EHRlich, DAVID DPM  
STREET ADDRESS 1061 E. ATLANTIC BLVD.  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME D  
NEITER, EDGAR DPM  
STREET ADDRESS 1061 E. ATLANTIC BLVD.  
CITY-ST-ZIP POMPANO BEACH FL 33060

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER AND DIRECTOR

4/29/98 (954991-120)

CR2E034 (10/97)