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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000097605

1. Corporation Name

02 WOUND CARE CORPORATION

FILED Mar 31, 1999 8:00 am **Secretary of State**

03-31-1999 90064 043 ***150.00



Principal Place of Business Mailing Address			* ***		- I JESTISCHU IIS COUSE OLIN OBILL OBLIL OBLIL OBLIL ISUN ISUN OBER OBER IN INC.		
2238 HIGHWAY 44 WEST INVERNESS FL 34458"		2238 HIGHWAY 44 WEST INVERNESS FL 34450		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 11/25/1996		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		59-3412127 Not Applicable		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.7	5 Additional	
22		27		5. Certificate of Status Desired	Fee	Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees			
Zíp Country		Zip Country		8. This corporation owes the current year	ır Intangible		
24 3445	5 3 [25]	29 3 Y Y S 3 30		Personal Property Tax.			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name	INTERIA A. STALCUP		
STAL		82		dress (P.O. Box Number is Not Acceptable)			
	HIGHWAY 44 WEST		12	Silverina			
INVE		83					
			. 84	City		FL 85 Z	ip Code
							SYVS >
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was author	rized by	the/corporat	rporation submits this statement for the purposition's board of directors. Thereby accept the a	ppointment as	s registered
SIGNATURE	VI CTO RIN A. STA Signature, typed or printed name of registered agent	PLCUP PRES - NOTE: Regis	stered Age	t signature requi	100 Atlantialisating/	<u> 25 - 5 9</u>	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	P 4	DELETE 1.1 m			PRES.	☐ Chang	ge 📋 Addition
NAME	VICTORIÁ STÁLCOP		1.2 NAME		VICTORIA A. STALL	up	
STREET ADDRESS	2238 HWY 44 WEST		1.3 STREET	ADDRESS			ľ
CITY-ST-ZIP	INVERNESS FL 34453	<u></u>		r-zip			
TITLE	\$	☐ DELETE		4	SECRETARY ITERA SURER	Chang	ge 🗌 Addition
NAME	WILLIAM D KING		2.2 NAME				
STREET ADDRESS	2631-A NW 41ST ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL	I	2. 4 CITY-5	T-ZIP			
TITLE	S DELETE		3.1 TITLE		DIRECTOR	☐ Chang	ge
NAME	HUBBARD, JEREMIAH A.		3.2 NAME	ŀ	and the second		
STREET ADDRESS	2238 HWY 44 W	·	3.3 STREET	ADDRESS	- . -		Ì
CITY-ST-ZIP	INVERNESS FL 34453	J	3.4. CITY-S	T-ZIP			
TITLE	S DELETE		4.1 TITLE		DIRECTOR	Chan	ge
NAME	HUBBARD, TANA	•	4. 2 NAME	İ	-	•	\
STREET ADDRESS	2238 HWY 44 W		4.3 STREET	ADDRESS			
CITY-ST-ZIP	INVERNESS FL 34453	l l	4.4 CITY-S				
TITLE	S		5.1 TITLE		DIRRETOR	Chan	ge 🔲 Addition
NAME	STALCUP, II W		5.2 NAME		21201012		Į
STREET ADDRESS	2238 HWY 44 W		5.3 STREET	ADDRESS			[
CITY-ST-ZIP	INVERNESS FL 34453		5.4 CITY- S	T-ZIP			(
TITLE	N		6.1 TITLE			☐ Chan	ge Addition
NAME			6.2 NAME				ĺ
{	-	Į.	6.3 STREE	ADDRESS			{
STREET ADDRESS			6.4 CITY-S	J			
CITY-ST-ZIP	<u> </u>						

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 of 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, of on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR