

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

FILED
Aug 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000030307 (7)

1. Corporation Name

WOUND MANAGEMENT CONCEPTS, INC.



Principal Place of Business

Mailing Address

~~264 DESOTA DRIVE~~
~~MIAMI SPRINGS FL 33166~~

264 DESOTA DRIVE
MIAMI SPRINGS FL 33166

3840 W. HILLSBORO BLVD.
SUITE 216
DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1997

4. FEI Number

65-0738995

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 3840 W. HILLSBORO BLVD.

Suite, Apt. #, etc.

22 Suite 216

City & State

23 DEERFIELD BEACH, FL

Zip

24 33442

Country

25 USA

2a. Mailing Address

26 3840 W. HILLSBORO BLVD.

Suite, Apt. #, etc.

27 Suite 216

City & State

28 DEERFIELD BEACH, FL

Zip

29 33442

Country

30 USA

9. Name and Address of Current Registered Agent

SULLIVAN, DAVID O
264 DESOTA DRIVE
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name

SAME

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

264 DESOTA DRIVE

83

84 City

SAME

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 President ☐ DELETE

NAME David Sullivan

STREET ADDRESS 264 DESOTA DRIVE

CITY-ST-ZIP Miami Springs FL 33166

TITLE ☐ DELETE

NAME

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 President ☐ Change ☐ Addition

1.2 NAME David Sullivan

1.3 STREET ADDRESS 264 Desoto Drive

1.4 CITY-ST-ZIP Miami Springs FL 33166

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

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***150.00

pc
8.17

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

4-21-98

(954)

994 2721

CR2E034 (10/97)