

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90016 048 \*\*\*150.00

0634138 SP

**DOCUMENT # P99000026824**

1. Entity Name

**WOUND HEALING INSTITUTE, P.A.**

Principal Place of Business

Mailing Address

**1100 US 1 SOUTH STE 3A  
 SAINT AUGUSTINE, FL 32086  
 US**

**1100 US 1 SOUTH STE 3A  
 SAINT AUGUSTINE FL 32086  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**32084**

**32084**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, ROSANA  
 1093 A1A BEACH BLVD. STE. 306  
 ST. AUGUSTINE FL 32084**

Name **Rodriguez, Rosana**

Street Address (P.O. Box Number is Not Acceptable)  
**1100 U.S. 1 South, Suite 3A**

City **St. Augustine**

**FL**

Zip Code **32084**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **RODRIGUES, ROSASA**  
 STREET ADDRESS **41 DUNE STREET**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Rodriguez, Rosana**  
 STREET ADDRESS **1100 U.S. 1 South, Suite 3A**  
 CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 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 #

**1/9/02 904-833-3301**

CR2ED04 (9/01)