


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P99000026824 |  |
| 1. Entity Name WOUND HEALING INSTITUTE, P.A. | |

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| Principal Place of Business 1100 SOUTH PONCE DE LEON BLVD STE 3A SAINT AUGUSTINE, FL 32084 US | Mailing Address 1100 SOUTH PONCE DE LEON BLVD STE 3A SAINT AUGUSTINE, FL 32084 US |
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03142006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3554924 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent RODRIGUEZ, ROSANA 1100 US 1 SOUTH STE 3A ST. AUGUSTINE, FL 32084 |
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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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RODRIGUEZ, ROSANA 1100 SO PONCE DE LEON STE 3A BLVD SAINT AUGUSTINE, FL 32084 |
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05/08/06-80096-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>4/26/06</u> | Daytime Phone # _____ |
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