

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90490 050 ***158.75

DOCUMENT # P99000026824

1. Entity Name
WOUND HEALING INSTITUTE, P.A.



Principal Place of Business
**1100 US 1 SOUTH STE 3A
SAINT AUGUSTINE FL 32084
US**

Mailing Address
**1100 US 1 SOUTH STE 3A
SAINT AUGUSTINE FL 32084
US**



2. Principal Place of Business

1100 South Ponce De Leon Blvd

3. Mailing Address

1100 South Ponce De Leon Blvd

Suite, Apt. #, etc.

Suite 3A

Suite, Apt. #, etc.

Suite 3A

City & State

Saint Augustine FL 32084

City & State

Saint Augustine, FL

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3554924

Applied For

Not Applicable

Zip

32084

Country

US

Zip

32084

Country

US

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, ROSANA
1100 US 1 SOUTH STE 3A
ST. AUGUSTINE FL 32084**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Dr. ROSANA Rodriguez

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/9/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RODRIGUES, ROSANA**
STREET ADDRESS **1100 US 1 SOUTH STE 3A**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **Dr. Rodriguez, ROSANA** ☒ Change ☐ Addition
NAME **RODRIGUES, ROSANA**
STREET ADDRESS **1100 South Ponce De Leon Suite 3A BLVD**
CITY-ST-ZIP **Saint Augustine, FL 32084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

DATE

904-823-3301

Daytime Phone #

CR2E034 (10/02)