FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 18 AM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S44823** **(0)**

1. Corporation Name
COMPREHENSIVE WOUND CARE, INC.

Principal Place of Business	Mailing Address
3001 N.W. 49TH AVENUE SUITE 206 LAUDERDALE LAKES FL 33313 US	3001 N.W. 49TH AVENUE SUITE 206 LAUDERDALE LAKES FL 33313 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/12/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0205010 ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ATTIAS, ISSAC
2771 NE 57 CT.,
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 _____ DATE
Signature, typed or printed name of registered agent and title if associated — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	ATTIAS, ISAAC	1.2 NAME	
STREET ADDRESS	2771 NE 57 CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ATTIAS, VICTOR	2.2 NAME	
STREET ADDRESS	2181 NW 67 ST. #621	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ATTIAS, SHIRLEY	3.2 NAME	
STREET ADDRESS	2771 NE 57 CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 no address.

SIGNATURE: ✓ 5-5-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0222500 CP

JULIO C. CABRERA
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANT

Suites 5 and 7
39 N.W. 166th Street
North Miami Beach, Florida 33169
(305) 940-0555 or 763-3602

Suite 105
7837 West Sample Road
Coral Springs, Florida 33065
(305) 753-9329 or 753-5257

MEMBER
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants
Cuban American Certified Public Accountants Assoc., Inc.

1995 INSTRUCTIONS FOR FILING FLORIDA CORPORATION ANNUAL REPORT

TO: Comprehensive Wound Care, Inc.

DUE DATE: The Department of State must receive by ASAP!.

SIGNATURE: To be signed at the bottom of page one by an officer.

TAX DUE: $ 225.00 Payable to Secretary of State (indicate Florida Charter # 544823 on your check).

MAIL ORIGINAL AND CHECK TO:

✓ Division of Corporations
Annual Reports
Caller Service #1500
Tallahassee, Florida 32302-1500

____ Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, Florida 32314

COPY: RETAIN FOR YOUR FILES.

SPECIAL INSTRUCTIONS: _____