(850) 922-3709 04/20/98 15:50 Fl. Dept. of State p1 /1

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
98 MAY -1 AM 11:47
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 208 LAUDERDALE LAKES FL 33313 US~~	~~3001 N.W. 49TH AVENUE SUITE 208 LAUDERDALE LAKES FL 33313-7282 US~~
2. Principal Place of Business: 21 2771 N.E. 57TH COURT	2a. Mailing Address: 26 2771 N.E. 57TH COURT
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 FORT LAUDERDALE, FL	City & State: 28 FORT LAUDERDALE, FL
Zip: 24 33308 Country: 25	Zip: 29 33308 Country: 30

3. Date Incorporated or Qualified: 04/12/1991
3a. Date of Last Report: ~~09/25/1996~~ 3/25/97
4. FEI Number: 65-0265010 ☐ 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, ISAAC
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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ATTIAS, ISAAC	
STREET ADDRESS	2771 NE 57 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	~~D~~	☒ DELETE
NAME	~~ATTIAS, VICTOR~~	
STREET ADDRESS	~~2801 NW 57 ST. #521~~	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	
TITLE	D	☐ DELETE
NAME	ATTIAS, SHIRLEY	
STREET ADDRESS	2771 NE 57 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	ao	
6.4 CITY-ST-ZIP		

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14. I do 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: ISAAC ATTIAS ~~3/11/97~~ 954 4912161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0278221