### 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P1000000852

Entity Name: WOUND HEALING INSTITUTE OF TARPON SPRINGS, INC.

FILED
Apr 30, 2018
Secretary of State
CC2657082431

## **Current Principal Place of Business:**

1501 ALT 19 S STE J

TARPON SPRINGS, FL 34689

# **Current Mailing Address:**

6919 N DALE MABRY HWY SUITE 250 TAMPA, FL 33614 US

FEI Number: 27-1922224 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

AEBEL, ERIN S C/O SHUMAKER, LOOP & KENDRICK, LLP 101 E. KENNEDY BLVD, SUITE 2800 TAMPA, FL 33602 US

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: ERIN AEBEL 04/30/2018

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title PRESIDENT Title VF

Name PATEL, RAVI R Name PATEL, ROSHAN

Address 16606 VILLALENDA DE AVILA Address 6811 BIG CYPRESS WAY

City-State-Zip: TAMPA FL 33613 City-State-Zip: TAMPA FL 33625

TitleCEO, SECRETARYTitleCFO, TREASURERNameTODOROVICH, CATHERINENameDEMIK, DAVID

Address 6919 N DALE MABRY Address 6919 N DALE MABRY

SUITE 250 SUITE 250

City-State-Zip: TAMPA FL 33614 City-State-Zip: TAMPA FL 33614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAVI PATEL PRESIDENT 04/30/2018