

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000000862

Entity Name: WOUND HEALING INSTITUTE OF FLETCHER, INC.

Current Principal Place of Business:

3000 MEDICAL PARK DR
STE 430
TAMPA, FL 33613

Current Mailing Address:

6989 EAST FOWLER AVE
TAMPA, FL 33617 US

FEI Number: 27-1923545

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CATHERINE, TODOROVICH
6989 EAST FOWLER AVE
TAMPA, FL 33617 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: CATHERINE TODOROVICH

04/29/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PATEL, RAVI
Address 6989 EAST FOWLER AVE
City-State-Zip: TAMPA FL 33617

Title CEO, SECRETARY
Name TODOROVICH, CATHERINE
Address 6989 EAST FOWLER AVE
City-State-Zip: TAMPA FL 33617

Title CFO, TREASURER
Name DEMIK, DAVID
Address 6989 EAST FOWLER AVE
City-State-Zip: TAMPA FL 33617

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: DAVID DEMIK

CFO

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date