

2013 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:

7171 N DALE MABRY HWY
STE 401
TAMPA, FL 33614 US

FEI Number: 27-1923545

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, RAVINDRA
16606 VILLAVENDA DEAVILA
TAMPA, FL 33613 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PST
Name PATEL, RAVINDRA R
Address 7171 N DALE MABRY HWY STE 401
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: RAVINDRA PATEL

PSTD

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date