

**2020 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:**

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

**FEI Number:** 27-1923545

**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

06/29/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PATEL, RAVI  
Address        16606 VILLALENDA DE AVILA  
City-State-Zip: TAMPA FL 33613

Title            VP  
Name            PATEL, ROSHAN  
Address        6919 N DALE MABRY HWY  
                  SUITE 250  
City-State-Zip: TAMPA FL 33614

Title            CEO, SECRETARY  
Name            TODOROVICH, CATHERINE  
Address        6919 N DALE MABRY HWY  
                  SUITE 250  
City-State-Zip: TAMPA FL 33614

Title            CFO, TREASURER  
Name            DEMIK, DAVID  
Address        6919 N DALE MABRY HWY  
                  SUITE 250  
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:** DAVID DEMIK

CFO

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date