

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000000876

**Entity Name:** WOUND HEALING INSTITUTE OF CARROLLWOOD, INC.

**Current Principal Place of Business:**

6919 N DALE MABRY HWY  
SUITE 210  
TAMPA, FL 33614

**Current Mailing Address:**

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

**FEI Number:** 27-1923747

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PATEL, RAVINDRA  
16606 VILLALENDA DE AVILA  
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 16606 VILLALENDA DE AVILA  
City-State-Zip: TAMPA FL 33613

*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 R PATEL

**PRESIDENT**

**03/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date