

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000037289

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

**Current Principal Place of Business:**

1360 BRICKYARD RD  
CHIPLEY, FL 32428

**Current Mailing Address:**

6989 EAST FOWLER AVE  
TAMPA, FL 33617 US

**FEI Number: 27-2480170**

**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