

2013 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:

7171 NORTH DALE MABRY HWY
SUITE 401
TAMPA, FL 33614 US

FEI Number: 27-2480170

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, RAVINDRA
101 EAST KENNEDY BLVD STE 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: _____

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 PATEL

PSTD

04/25/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date