

2020 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:

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

FEI Number: 27-2480170

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AEBEL, ERIN S
C/O SHUMAKER, LOOP & KENDRICK
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