

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000053331

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

**Current Principal Place of Business:**

5140 DEER PARK DR STE 105  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

6919 NORTH DALE MABRY HIGHWAY, STE 250  
TAMPA, FL 33614

**FEI Number:** 47-2271119

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PATEL, RAVI  
Address        16606 VILLAVENDA 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:** RAVI PATEL

**PRESIDENT**

**04/25/2019**

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

\_\_\_\_\_  
Date