

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000044513

**Entity Name:** WOUND CARE NETWORK,INC

**Current Principal Place of Business:**

777 EAST 25 STREET  
SUITE 516  
HIALEAH, FL 33013

**Current Mailing Address:**

777 EAST 25 STREET  
SUITE 516  
HIALEAH, FL 33013 US

**FEI Number:** 81-2729297

**Certificate of Status Desired:** No

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

CAZAU, ANDRES  
777 EAST 25 STREET  
SUITE 516  
HIALEAH, FL 33013 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 P  
Name CAZAU, DOLORES  
Address 777 EAST 25 STREET SUITE 516  
City-State-Zip: HIALEAH FL 33013

Title VP  
Name CAZAU, ANDRES  
Address 777 EAST 25 STREET SUITE 516  
City-State-Zip: HIALEAH FL 33013

*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:** ANDRES CAZAU

VP

01/04/2024

Electronic Signature of Signing Officer/Director Detail

Date