

2019 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

01/29/2019

Electronic Signature of Signing Officer/Director Detail

Date