

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000010218

**Entity Name:** AT HOME WOUNDCARE INC.

**Current Principal Place of Business:**

13166 NORTHWEST 11TH PLACE, SUNRISE, FL, USA  
SUNRISE, FL 33323

**Current Mailing Address:**

13166 NW 11TH PLACE  
SUNRISE, FL 33323 US

**FEI Number: 81-5213619**

**Certificate of Status Desired: No**

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

GRANT, ALONZO  
13166 NORTHWEST 11TH PLACE, SUNRISE, FL, USA  
SUNRISE, FL 33323 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 GRANT, ALONZO  
Address 13166 NORTHWEST 11TH PLACE,  
SUNRISE, FL, USA  
City-State-Zip: SUNRISE FL 33323

Title VP  
Name JOHNSON-MCGREGOR, CAROL  
Address 13166 NORTHWEST 11TH PLACE,  
SUNRISE, FL, USA  
City-State-Zip: SUNRISE FL 33323

Title COO  
Name MARBALLIE, MELISSA  
Address 13166 NORTHWEST 11TH PLACE,  
SUNRISE, FL, USA  
City-State-Zip: SUNRISE FL 33323

*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: MELISSA MARBALLIE**

**COO**

**04/30/2024**

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

\_\_\_\_\_  
Date