

**2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P17000010218

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

**Current Principal Place of Business:**

14530 S MILITARY TRAIL  
SUITE B4  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

14530 S MILITARY TRAIL  
SUITE B4  
DELRAY BEACH, FL 33484 US

**FEI Number:** 81-5213619

**Certificate of Status Desired:** No

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

GRANT, ALONZO  
14530 S MILITARY TRAIL  
SUITE B4  
DELRAY BEACH, FL 33484 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 14530 S MILITARY TRAIL  
SUITE B4  
City-State-Zip: DELRAY BEACH FL 33484

Title VP  
Name JOHNSON-MCGREGOR, CAROL  
Address 14530 S MILITARY TRAIL  
SUITE B4  
City-State-Zip: DELRAY BEACH FL 33484

Title COO  
Name MARBALLIE, MELISSA  
Address 14530 S MILITARY TRAIL  
SUITE B4  
City-State-Zip: DELRAY BEACH FL 33484

*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:** ALONZO GRANT

**PRESIDENT**

**08/21/2019**

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

\_\_\_\_\_  
Date