

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000036565

**Entity Name:** PROGRESSIVE WOUND CARE TECHNOLOGIES, LLC

**Current Principal Place of Business:**

2174 PALM VIEW RD  
SARASOTA, FL 34240

**Current Mailing Address:**

125 BUSBRIDGE COVE  
POOLER, GA 31322 US

**FEI Number:** 27-2281736

**Certificate of Status Desired:** No

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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

**Authorized Person(s) Detail :**

|                 |                   |                 |                    |
|-----------------|-------------------|-----------------|--------------------|
| Title           | MGRM              | Title           | MGRM               |
| Name            | JONES, CURTIS E   | Name            | KENNEDY, JOHN P    |
| Address         | 60 PEREGRINE XING | Address         | 125 BUSBRIDGE COVE |
| City-State-Zip: | SAVANNAH GA 31411 | City-State-Zip: | POOLER GA 31322    |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN P. KENNEDY

**VICE PRESIDENT**

**03/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date