

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000046532

**Entity Name:** INNOVATIONS IN WOUND CARE LLC

**Current Principal Place of Business:**

1009 N. CHURCH AVE.  
MULBERRY, FL 33860

**Current Mailing Address:**

1009 N. CHURCH AVE.  
PO BOX 767  
MULBERRY, FL 33860

**FEI Number:** 45-1838395

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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  
Name SLAUGHTER, THOMAS  
Address 1009 N. CHURCH AVE., PO BOX 767  
City-State-Zip: MULBERRY FL 33860

Title MGRM  
Name LAMBERT, CAREY  
Address 2513 COUNTRY CLUB ROAD NORTH  
City-State-Zip: WINTER HAVEN FL 33881

*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:** THOMAS SLAUGHTER

**MANAGER**

**04/22/2014**

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

\_\_\_\_\_  
Date