

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000150972

Entity Name: WOUND CARE MANAGEMENT SPECIALISTS, LLC

Current Principal Place of Business:

6495 TAFT STREET
HOLLYWOOD, FL 33024

Current Mailing Address:

6495 TAFT STREET
HOLLYWOOD, FL 33024 US

FEI Number: 46-1497041

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARCE, CARLOS H PA
LUBELL & ROSEN
200 S ANDREWS AVE STE 900
FORT LAUDERDALE, FL 33301 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: CARLOS ARCE

01/22/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	OWNER	Title	OWNER
Name	ISSA, MOISES DR.	Name	FERNANDEZ-BLAY, ROBERTO DR.
Address	6517 TAFT STREET, SUITE 101	Address	4851 SW 111TH TERRACE
City-State-Zip:	HOLLYWOOD FL 33024	City-State-Zip:	DAVIE FL 33328

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: MOISES ISSA

OWNER

01/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date