

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000105740

Entity Name: INTEGRATIVE WOUND CARE SOLUTIONS, LLC

Current Principal Place of Business:

3298 SUMMIT BLVD.
STE 39
PENSACOLA, FL 32503

Current Mailing Address:

3298 SUMMIT BLVD.
STE 39
PENSACOLA, FL 32503 US

FEI Number: 47-1429519

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIMEK, ARTHUR A
423 NORTH BAYLEN ST
PENSACOLA, FL 32501 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 MGR
Name LING, LANWAY H
Address 3298 SUMMIT BLVD., STE 39
City-State-Zip: PENSACOLA FL 32503

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: LANWAY LING

MANAGER

01/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date