**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 07, 2016**
**Secretary of State**
**CC7523119304**

DOCUMENT# L15000130864

**Entity Name:** WOUND CARE TEAM LLC

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD
SUITE 625
CORAL GABLES, AL 33134

**Current Mailing Address:**

2525 PONCE DE LEON BLVD
SUITE 625
CORAL GABLES, FL 33134 UN

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

MATZNER, GARY C
2525 PONCE DE LEON BLVD
SUITE 625
CORAL GABLES, FL 33134 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 | ROTHMAN, PAUL |
| Address | 2525 PONCE DE LEON BLVD SUITE 625 |
| City-State-Zip: | CORAL GABLES FL 33134 |

*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: ROTHMAN , PAUL MGR 04/07/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date