

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 30, 2018
Secretary of State
CC8732448279

Entity Name: WOUND HEALING INSTITUTE OF WESLEY CHAPEL LLC

Current Principal Place of Business:

2700 HEALING WAY
WESLEY CHAPEL, FL 33544

Current Mailing Address:

6919 N DALE MABRY HWY, STE 250
TAMPA, FL 33614 US

FEI Number: 82-3687164

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH AEBEL, ERIN ESQ.
SHUMAKER, LOOP & KENDRICK, LLP
101 EAST KENNEDY BLVD., ST E2800
TAMPA, FL 33602 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 MANAGER, PRESIDENT
Name PATEL, RAVI R
Address 16606 VILLALENDA DE AVILA
City-State-Zip: TAMPA FL 33613

Title VP
Name PATEL, ROSHAN
Address 6811 BIG CYPRESS WAY
City-State-Zip: TAMPA FL 33625

Title CEO, SECRETARY
Name TODOROVICH, CATHERINE
Address 6919 N DALE MABRY HWY, STE 250
City-State-Zip: TAMPA FL 33614

Title CFO, TREASURER
Name DEMIK, DAVID
Address 6919 N DALE MABRY HWY, STE 250
City-State-Zip: TAMPA FL 33614

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: RAVI PATEL

MANAGER, PRESIDENT

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date