

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000237640

**Entity Name:** WOUND HEALING INSTITUTE OF RIPLEY LLC**Current Principal Place of Business:**6919 N DALE MABRY HWY STE 250  
TAMPA, FL 33614**Current Mailing Address:**6919 N DALE MABRY HWY  
SUITE 250  
TAMPA, FL 33614 US**FEI Number:** 82-3678047**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH AEBEL, ERIN ESQ.  
SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD., STE 2800  
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
Address	16606 VILLALENDA DE AVILA
City-State-Zip:	TAMPA FL 33613

Title	VP
Name	PATEL, ROSHAN
Address	6919 N DALE MABRY HWY SUITE 250
City-State-Zip:	TAMPA FL 33614

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

Title	CFO, TREASURER
Name	DEMIK, DAVID
Address	6919 N DALE MABRY HWY SUITE 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:** DAVID DEMIK

CFO

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date