

2021 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:**TK REGISTERED AGENT, INC.
101 E. KENNEDY BOULEVARD
SUITE 2700
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:** ERIN S. AEBEL

04/30/2021

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	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: RAVI PATEL

MANAGER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date