2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: CURELOGICS WOUND CARE AND HYPERBARIC L.L.C.

Current Principal Place of Business:

801 COUNTY ROAD 466 STE 201
LADY LAKE, FL 32159

Current Mailing Address:

801 COUNTY ROAD 466 STE 201
LADY LAKE, FL 32159 US

FEI Number: 82-5475099

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARDIAC AND VASCULAR CONSULTANTS M.D., P.A.
1050 OLD CAMP ROAD
THE VILLAGES, FL 32162 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	AMBR
Name	CARDIAC AND VASCULAR CONSULTANTS M.D., P.A.
Address	1050 OLD CAMP ROAD
City-State-Zip:	THE VILLAGES FL 32162

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: SHRIKANTH UPADYA OFFICER 04/06/2021

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