

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000200479

Entity Name: COMPREHENSIVE WOUND MANAGEMENT LLC

Current Principal Place of Business:

4346 DAFFODIL CIR S
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4346 DAFFODIL CIRCLE S
PALM BEACH GARDENS, FL 33410

FEI Number: 84-2636028

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMPREHENSIVE WOUND MANAGEMENT LLC
4346 DAFFODIL CIRCLE S
PALM BEACH GARDENS, FL 33410 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: JANICE MORRISON

03/21/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MS
Name MORRISON, JANICE
Address 4346 DAFFODIL CIRCLE S
City-State-Zip: PALM BEACH GARDENS FL 33410

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: JANICE MORRISON

03/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date