2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2024
Secretary of State
8173802920CC

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Entity Name: COMPREHENSIVE WOUND MANAGEMENT LLC

Current Principal Place of Business:

4346 DAFFODIL CIR S
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

PO BOX 30451
PALM BEACH GARDENS, FL 33410 US

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 03/04/2024

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 MANAGER 03/04/2024

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