

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004327

Entity Name: ACCELECARE WOUND CENTERS, INC.**Current Principal Place of Business:**10900 NE 4TH STREET, SUITE 1900
BELLEVUE, WA 98004**Current Mailing Address:**10900 NE 4TH STREET, SUITE 1900
BELLEVUE, WA 98004 US**FEI Number:** 26-0139247**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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

Officer/Director Detail :

Title	SCEO
Name	LESTER, MICHAEL K
Address	10900 NE 4TH STREET, SUITE 1900
City-State-Zip:	BELLEVUE WA 98004

Title	CHRM
Name	LESTER, MICHAEL K
Address	10900 NE 4TH STREET, SUITE 1900
City-State-Zip:	BELLEVUE WA 98004

Title	PD
Name	SPANIAC, PAMELA M
Address	10900 NE 4TH STREET, SUITE 1900
City-State-Zip:	BELLEVUE WA 98004

Title	VP
Name	BOOTH, GWEN H
Address	10900 NE 4TH STREET, SUITE 1900
City-State-Zip:	BELLEVUE WA 98004

Title	VP
Name	WALSH, ROBIN L
Address	10900 NE 4TH STREET, SUITE 1900
City-State-Zip:	BELLEVUE WA 98004

Title	VP
Name	HERRMANN, THOM M
Address	10900 NE 4TH STREET, SUITE 1900
City-State-Zip:	BELLEVUE WA 98004

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL LESTER**PRESIDENT****03/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date