

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004327

Entity Name: ACCELECARE WOUND CENTERS, INC.**Current Principal Place of Business:**5220 BELFORT ROAD
STE 130
JACKSONVILLE, FL 32256**Current Mailing Address:**PO BOX 551187
JACKSONVILLE, FL 32255 US**FEI Number:** 26-0139247**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	CEO
Name	NELSON, JEFF
Address	5220 BELFORT ROAD STE 130
City-State-Zip:	JACKSONVILLE FL 32256

Title	CFO
Name	BASSIN, DAVID
Address	5220 BELFORT ROAD STE 130
City-State-Zip:	JACKSONVILLE FL 32256

Title	COO
Name	MARTIN, GREG
Address	5220 BELFORT ROAD STE 130
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	FLOSTRAND, JAN
Address	5220 BELFORT ROAD STE 130
City-State-Zip:	JACKSONVILLE FL 32256

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: JAN FLOSTRAND

VP

03/04/2016

Electronic Signature of Signing Officer/Director Detail

Date