2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2013
Secretary of State
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Entity Name: WOUND CARE CENTERS, INC.

Current Principal Place of Business:

5220 BELFORT ROAD
SUITE 200
JACKSONVILLE, FL 32256

Current Mailing Address:

PO BOX 551187
JACKSONVILLE, FL 32255 US

FEI Number: 41-1503914

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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, JEFFREY
Address	PO BOX 551187
City-State-Zip:	JACKSONVILLE FL 32255

Title	CFO
Name	MILES, DAVID
Address	PO BOX 551187
City-State-Zip:	JACKSONVILLE FL 32255

Title	COO
Name	MARTIN, GREG
Address	PO BOX 551187
City-State-Zip:	JACKSONVILLE FL 32255

Title	D
Name	PATRICK, JAMES
Address	PO BOX 551187
City-State-Zip:	JACKSONVILLE FL 32255

Title	SEC
Name	WILLIAMS, WILLIAMS
Address	PO BOX 551187
City-State-Zip:	JACKSONVILLE FL 32255

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: DAVID MILES SECRETARY 04/12/2013

Electronic Signature of Signing Officer/Director Detail — Date