

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18884

Entity Name: WOUND CARE CENTERS, INC.

Current Principal Place of Business:

5220 BELFORT ROAD
SUITE 130
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, PRESIDENT, DIRECTOR
Name NELSON, JEFFREY
Address PO BOX 551187
City-State-Zip: JACKSONVILLE FL 32255

Title CFO, TREASURER
Name BASSIN, 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 SECRETARY, CLO
Name HENSHAW, JARROD
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 BASSIN

CFO/TREASURER

02/16/2017

Electronic Signature of Signing Officer/Director Detail

Date