


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90354 031 \*\*\*150.00

**DOCUMENT # P96000097605**

1. Entity Name  
**O2 WOUND CARE CORPORATION**



Principal Place of Business  
**2238 HIGHWAY 44 WEST  
 INVERNESS, FL 34453**

Mailing Address  
**P.O. BOX 875  
 CRYSTAL RIVER, FL 34423**

2. Principal Place of Business  
**2631-A N.W. 41ST ST.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2631-A N.W. 41ST ST.**  
 Suite, Apt. #, etc.

City & State  
**GAINESVILLE FL**

City & State  
**GAINESVILLE FL**

Zip  
**32606**

Country  
**U.S.A.**



04242006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3412127**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STALCUP, VICTORIA A  
 2238 HIGHWAY 44 WEST  
 INVERNESS, FL 34453**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2631-A NW 41ST ST**

City  
**GAINESVILLE FL**

Zip Code  
**32606**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **VICTORIA A. STALCUP** **4-26-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STALCUP, VICTORIA 2238 HWY 44 WEST INVERNESS, FL 34453</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST KING, WILLIAM D 2631-A NW 41ST ST GAINESVILLE, FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUBBARD, JEREMIAH A. 2238 HWY 44 W INVERNESS, FL 34453</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUBBARD, TANA 2238 HWY 44 W INVERNESS, FL 34453</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STALCUP, WILLIAM II 2238 HWY 44 W INVERNESS, FL 34453</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P 2631-A NW 41ST ST. GAINESVILLE FL 32606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2631-A N.W. 41ST ST. GAINESVILLE FL 32606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2631-A N.W. 41ST ST. GAINESVILLE FL 32606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2631-A N.W. 41ST ST. GAINESVILLE FL 32606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **VICTORIA A. STALCUP** **4-26-06** **352-563-8201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #