


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90077 049 ***150.00

DOCUMENT # P96000097605				
1. Entity Name O2 WOUND CARE CORPORATION				
Principal Place of Business 2631-A NW 41ST ST GAINESVILLE, FL 32606		Mailing Address 2631-A NW 41ST ST GAINESVILLE, FL 32606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3412127 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		Chg-P CR2E034 (12/06) \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
STALCUP, VICTORIA A 2631-A NW 41ST ST GAINESVILLE, FL 32606			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STALCUP, VICTORIA	NAME		
STREET ADDRESS	3681-A NW 41ST ST	STREET ADDRESS	2631-A NW 41st Street	
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, WILLIAM D	NAME		
STREET ADDRESS	2631-A NW 41ST ST	STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUBBARD, JEREMIAH A.	NAME		
STREET ADDRESS	2631-A NW 41ST ST	STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUBBARD, TANA	NAME		
STREET ADDRESS	2631-A NW 41ST ST	STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STALCUP, WILLIAM II	NAME		
STREET ADDRESS	2631-A NW 41ST ST	STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: <i>Tana Hubbard</i>		TANA HUBBARD		Date: 4/27/07 Daytime Phone #: (352) 795-4498