


Cent. 7005 18200004 3210 7787

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000097605 1. Entity Name 02 WOUND CARE CORPORATION	
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Principal Place of Business 2631-A NW 41ST ST GAINESVILLE, FL 32606	Mailing Address 2631-A NW 41ST ST GAINESVILLE, FL 32606
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DO NOT WRITE IN THIS SPACE

04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3412127	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STALCUP, VICTORIA A 2631-A NW 41ST ST GAINESVILLE, FL 32606	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000945964 05/30/08-80029-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STALCUP, VICTORIA 2631-A NW 41ST STREET GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KING, WILLIAM D 2631-A NW 41ST ST GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBBARD, JEREMIAH A. 2631-A NW 41ST ST GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBBARD, TANA 2631-A NW 41ST ST GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALCUP, WILLIAM II 2631-A NW 41ST ST GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Jeremiah A. Hubbard* **4/28/08** (352) 795-4998
Signature and typed or printed name of signing officer or director Date Daytime Phone #