

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097605

FILED
Mar 05, 2011
Secretary of State

Entity Name: O2 WOUND CARE CORPORATION

Current Principal Place of Business:

2631-A NW 41ST ST
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

2631-A NW 41ST ST
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3412127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALCUP, VICTORIA A
2631-A NW 41ST ST
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: STALCUP, VICTORIA
Address: 2631-A NW 41ST STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: ST
Name: KING, WILLIAM D
Address: 2631-A NW 41ST ST
City-St-Zip: GAINESVILLE, FL

Title: D
Name: HUBBARD, JEREMIAH A.
Address: 2631-A NW 41ST ST
City-St-Zip: GAINESVILLE, FL 32606

Title: D
Name: HUBBARD, TANA
Address: 2631-A NW 41ST ST
City-St-Zip: GAINESVILLE, FL 32606

Title: D
Name: STALCUP, WILLIAM II
Address: 2631-A NW 41ST ST
City-St-Zip: GAINESVILLE, FL 32606

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: WILLIAM D KING

TRES

03/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date