

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097605

FILED  
Mar 25, 2012  
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

ST

03/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date