

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097605

Entity Name: O2 WOUND CARE CORPORATION

Current Principal Place of Business:

2631-A NW 41ST ST
GAINESVILLE, FL 32606

Current Mailing Address:

2631-A NW 41ST ST
GAINESVILLE, FL 32606

FEI Number: 59-3412127

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

DIRECTOR

03/22/2015

Electronic Signature of Signing Officer/Director Detail

Date