

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000097605 (5)
 1. Corporation Name
02 WOUND CARE CORPORATION



| | |
|---|---|
| Principal Place of Business 2238 HIGHWAY 44 WEST INVERNESS FL 34450 | Mailing Address 2238 HIGHWAY 44 WEST INVERNESS FL 34450 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--|---|---|------------|--|
| 3. Date Incorporated or Qualified 11/25/1996 | | 4. FEI Number 59-3412127 | | Applied For <input type="checkbox"/> Not Applicable |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 22 City & State | 27 City & State | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 23 Zip | 25 Country | 28 Zip | 30 Country | |

9. Name and Address of Current Registered Agent
STALCUP, VICTORIA
2238 HIGHWAY 44 WEST
INVERNESS FL 34450

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | VICTORIA STALCUP | |
| STREET ADDRESS | 2238 HWY 44 WEST | |
| CITY-ST-ZIP | INVERNESS FL 34453 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | WILLIAM D KING | |
| STREET ADDRESS | 2831-A NW 41ST ST | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | Dr | <input type="checkbox"/> DELETE |
| NAME | Jeremiah A Hubbard | |
| STREET ADDRESS | 2938 Hwy 44 W | |
| CITY-ST-ZIP | Inverness FL 34453 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | Tana Hubbard | |
| STREET ADDRESS | 2238 Hwy 44 W | |
| CITY-ST-ZIP | Inverness FL 34453 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | William J. Stalcup II | |
| STREET ADDRESS | 2238 Hwy 44 W | |
| CITY-ST-ZIP | Inverness FL 34453 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Victoria Stalcup |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **4-27-98** (2) 21745-130

CR2E034 (10/97)