



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 APR -1 PM 3:00

1. Entity ID Number 000092142		2. Exact name of the Corporation Wound Care Centers Inc					
3. Principal Office Address 5220 Belfort RD STE 130			City Jacksonville	State FL	Zip 32256		
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island Medical Office Management Services					
5. State of Incorporation Minnesota							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name David Bassin			Vice-President Name				
Street Address 5220 Belfort RD STE 130			Street Address				
City Jacksonville	State FL	Zip 32256	City	State	Zip		
Secretary Name Keith Koford			Treasurer Name Allan Woodward				
Street Address 5220 Belfort RD STE 130			Street Address 5220 Belfort RD STE 130				
City Jacksonville	State FL	Zip 32256	City Jacksonville	State FL	Zip 32256		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name David Bassin			Director Name				
Street Address 5220 Belfort RD STE 130			Street Address				
City Jacksonville	State FL	Zip 32256	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			1000			COMMON	0.01
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
Name of Authorized Representative Allan Woodward					Date 3/28/2019		
Signature of Authorized Representative 					SIGN DOCUMENT HERE		

FILED

SIGN DOCUMENT HERE

APR 01 2019
185PM
BY A.A. 3:03PM