

**Electronic Articles of Incorporation  
For**

P24000047173  
FILED  
July 16, 2024  
Sec. Of State  
klovelace

NEGREIRA MD WOUND CARE P.A.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

NEGREIRA MD WOUND CARE P.A.

**Article II**

The principal place of business address:

8700 SW 160TH ST  
PALMETTO BAY, FL. US 33157

The mailing address of the corporation is:

8700 SW 160TH ST  
PALMETTO BAY, FL. US 33177

**Article III**

The purpose for which this corporation is organized is:

OUR PURPOSE IS TO EVALUATE AND TREAT PATIENTS WITH WOUND HEALING FAILURE AND SUCCESSFULLY MANAGE ALL WOUND TYPES.

**Article IV**

The number of shares the corporation is authorized to issue is:

100

**Article V**

The name and Florida street address of the registered agent is:

KATHERINE E NEGREIRA  
8700 SW 160TH ST  
PALMETTO BAY, FL. 33157

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: KATHERINE NEGREIRA

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## Article VI

The name and address of the incorporator is:

KATHERINE NEGREIRA  
8700 SW 160TH ST

PALMETTO BAY, FL 33157

Electronic Signature of Incorporator: KATHERINE NEGREIRA

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
KATHERINE E NEGREIRA  
8700 SW 160TH ST  
PALMETTO BAY, FL. 33157 US