

1.) CORPORATION NAME: Accelecare Wound Professionals of Kansas, P.A.,Inc. (USED IN VA BY: Accelecare Wound Professional 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA	DUE DATE: 9/30/2014 SCC ID NO: F1939976 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: KS					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 10900 NE 4TH ST STE 1920 CITY/ST/ZIP: BELLEVUE, WA 98004

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PAMELA SPANIAC TITLE: PRESIDENT ADDRESS: 10900 NE 4TH ST STE 1920 CITY/ST/ZIP/CO: BELLEVUE, WA 98004	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: ARTI B MASTURZO TITLE: DIRECTOR ADDRESS: 10900 NE 4TH ST STE 1920 CITY/ST/ZIP/CO: BELLEVUE, WA 98004	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PAMELA SPANIAC	PAMELA SPANIAC, PRESIDENT	11/25/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.