

SECURITIES & EXCHANGE COMMISSION EDGAR FILING

Sanara MedTech Inc.

Form: D

Date Filed: 2021-01-25

Corporate Issuer CIK: 714256

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type

<input type="text" value="Wound Management Technologies, Inc."/>	<input checked="" type="radio"/> Corporation
<input type="text" value="WOUND MANAGEMENT TECHNOLOGIES, INC."/>	<input type="radio"/> Limited Partnership
<input type="text" value="MB SOFTWARE CORP"/>	<input type="radio"/> Limited Liability Company
<input type="text" value="INAV TRAVEL CORPORATION"/>	<input type="radio"/> General Partnership
	<input type="radio"/> Business Trust
	<input type="radio"/> Other

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code Phone No. of Issuer

3. Related Persons

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Director

Last Name First Name Middle Name
Bowman Shawn
Street Address 1 Street Address 2
1200 Summit Ave. Suite 414
City State/Province/Country ZIP/Postal Code
Fort Worth TEXAS 76102

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Co-Chief Operating Officer and President, Wound Care

Last Name First Name Middle Name
McNeil Michael
Street Address 1 Street Address 2
1200 Summit Ave. Suite 414
City State/Province/Country ZIP/Postal Code
Fort Worth TEXAS 76102

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Chief Financial Officer

Last Name First Name Middle Name
Fleming Zachary
Street Address 1 Street Address 2
1200 Summit Ave. Suite 414
City State/Province/Country ZIP/Postal Code
Fort Worth TEXAS 76102

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Co-Chief Operating Officer and President, Surgical

4. Industry Group

- Agriculture
- Banking & Financial Services**
 - Commercial Banking
 - Insurance
 - Investing
 - Investment Banking
 - Pooled Investment Fund
 - Other Banking & Financial Services
- Business Services
- Energy**
 - Coal Mining
 - Electric Utilities
 - Energy Conservation
 - Environmental Services
 - Oil & Gas
 - Other Energy
- Health Care
 - Biotechnology
 - Health Insurance
 - Hospitals & Physicians
 - Pharmaceuticals
 - Other Health Care
- Manufacturing
- Real Estate**
 - Commercial
 - Construction
 - REITS & Finance
 - Residential
 - Other Real Estate
- Retailing
- Restaurants
- Technology**
 - Computers
 - Telecommunications
 - Other Technology
- Travel**
 - Airlines & Airports
 - Lodging & Conventions
 - Tourism & Travel Services
 - Other Travel
- Other

5. Issuer Size

- | | |
|--|--|
| Revenue Range | Aggregate Net Asset Value Range |
| <input type="radio"/> No Revenues | <input type="radio"/> No Aggregate Net Asset Value |
| <input type="radio"/> \$1 - \$1,000,000 | <input type="radio"/> \$1 - \$5,000,000 |
| <input type="radio"/> \$1,000,001 - \$5,000,000 | <input type="radio"/> \$5,000,001 - \$25,000,000 |
| <input type="radio"/> \$5,000,001 - \$25,000,000 | <input type="radio"/> \$25,000,001 - \$50,000,000 |
| <input type="radio"/> \$25,000,001 - \$100,000,000 | <input type="radio"/> \$50,000,001 - \$100,000,000 |
| <input type="radio"/> Over \$100,000,000 | <input type="radio"/> Over \$100,000,000 |
| <input checked="" type="radio"/> Decline to Disclose | <input type="radio"/> Decline to Disclose |
| <input type="radio"/> Not Applicable | <input type="radio"/> Not Applicable |

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

<input type="checkbox"/>	Rule 504(b)(1) (not (i), (ii) or (iii))	<input type="checkbox"/>	Rule 505
<input type="checkbox"/>	Rule 504 (b)(1)(i)	<input checked="" type="checkbox"/>	Rule 506(b)
<input type="checkbox"/>	Rule 504 (b)(1)(ii)	<input type="checkbox"/>	Rule 506(c)
<input type="checkbox"/>	Rule 504 (b)(1)(iii)	<input type="checkbox"/>	Securities Act Section 4(a)(5)
<input type="checkbox"/>		<input type="checkbox"/>	Investment Company Act Section 3(c)

7. Type of Filing

- New Notice Date of First Sale First Sale Yet to Occur
- Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes No

9. Type(s) of Securities Offered (select all that apply)

- Pooled Investment Fund Interests
- Equity
- Tenant-in-Common Securities
- Debt
- Mineral Property Securities
- Option, Warrant or Other Right to Acquire Another Security

Security to be Acquired

Upon Exercise of Option, Warrant or Other Right to Acquire Security

Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary)

11. Minimum Investment

Minimum investment accepted from any outside investor \$ USD

12. Sales Compensation

Recipient	Recipient CRD Number	<input type="checkbox"/> None
<input type="text"/>	<input type="text"/>	
(Associated) Broker or Dealer	(Associated) Broker or Dealer CRD Number	<input type="checkbox"/> None
<input type="text"/>	<input type="text"/>	
Street Address 1	Street Address 2	
<input type="text"/>	<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
State(s) of Solicitation	<input type="checkbox"/> All States	
<input type="text"/>		

13. Offering and Sales Amounts

Total Offering Amount \$ USD Indefinite

Total Amount Sold \$ USD

Total Remaining to be Sold \$ USD Indefinite

Clarification of Response (if Necessary)

The Total Offering Amount and Total Amount Sold are based upon the closing price of the Issuer's common stock on The Nasdaq Capital Market on 1/14/2021.

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ USD Estimate

Finders' Fees \$ USD Estimate

Clarification of Response (if Necessary)

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ USD Estimate

Clarification of Response (if Necessary)

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Sanara MedTech Inc.	/s/ Michael D. McNeil	Michael D. McNeil	Chief Financial Officer	2021-01-25

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input type="checkbox"/> None	Entity Type
<input type="text" value="0000714256"/>	<input type="text" value="Wound Management Technologies, Inc."/>	<input checked="" type="radio"/> Corporation
Name of Issuer	<input type="text" value="WOUND MANAGEMENT TECHNOLOGIES, INC."/>	<input type="radio"/> Limited Partnership
<input type="text" value="Sanara MedTech Inc."/>	<input type="text" value="MB SOFTWARE CORP"/>	<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization	<input type="text" value="INAV TRAVEL CORPORATION"/>	<input type="radio"/> General Partnership
<input type="text" value="TEXAS"/>		<input type="radio"/> Business Trust
		<input type="radio"/> Other

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1

Street Address 2

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

3. Related Persons

Last Name	First Name	Middle Name
<input type="text" value="Carmena"/>	<input type="text" value="J."/>	<input type="text" value="Michael"/>
Street Address 1	Street Address 2	
<input type="text" value="1200 Summit Ave."/>	<input type="text" value="Suite 414"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Fort Worth"/>	<input type="text" value="TEXAS"/>	<input type="text" value="76102"/>

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
<input type="text" value="DeSutter"/>	<input type="text" value="Robert"/>	
Street Address 1	Street Address 2	
<input type="text" value="1200 Summit Ave."/>	<input type="text" value="Suite 414"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Fort Worth"/>	<input type="text" value="TEXAS"/>	<input type="text" value="76102"/>

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Director

Last Name	First Name	Middle Name
<input type="text" value="Bowman"/>	<input type="text" value="Shawn"/>	
Street Address 1	Street Address 2	
<input type="text" value="1200 Summit Ave."/>	<input type="text" value="Suite 414"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Fort Worth"/>	<input type="text" value="TEXAS"/>	<input type="text" value="76102"/>

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Co-Chief Operating Officer and President, Wound Care
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Last Name	First Name	Middle Name
<input type="text" value="McNeil"/>	<input type="text" value="Michael"/>	
Street Address 1	Street Address 2	
<input type="text" value="1200 Summit Ave."/>	<input type="text" value="Suite 414"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Fort Worth"/>	<input type="text" value="TEXAS"/>	<input type="text" value="76102"/>

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Chief Financial Officer

Last Name	First Name	Middle Name
<input type="text" value="Fleming"/>	<input type="text" value="Zachary"/>	
Street Address 1	Street Address 2	
<input type="text" value="1200 Summit Ave."/>	<input type="text" value="Suite 414"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Fort Worth"/>	<input type="text" value="TEXAS"/>	<input type="text" value="76102"/>

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Co-Chief Operating Officer and President, Surgical
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4. Industry Group

- Agriculture
- Banking & Financial Services**
 - Commercial Banking
 - Insurance
 - Investing
 - Investment Banking
 - Pooled Investment Fund
 - Other Banking & Financial Services
- Business Services
- Energy**
 - Coal Mining
 - Electric Utilities
 - Energy Conservation
 - Environmental Services
 - Oil & Gas
 - Other Energy
- Health Care
 - Biotechnology
 - Health Insurance
 - Hospitals & Physicians
 - Pharmaceuticals
 - Other Health Care
- Manufacturing
- Real Estate**
 - Commercial
 - Construction
 - REITS & Finance
 - Residential
 - Other Real Estate
- Retailing
- Restaurants
- Technology**
 - Computers
 - Telecommunications
 - Other Technology
- Travel**
 - Airlines & Airports
 - Lodging & Conventions
 - Tourism & Travel Services
 - Other Travel
- Other

5. Issuer Size

- | | |
|--|--|
| Revenue Range | Aggregate Net Asset Value Range |
| <input type="radio"/> No Revenues | <input type="radio"/> No Aggregate Net Asset Value |
| <input type="radio"/> \$1 - \$1,000,000 | <input type="radio"/> \$1 - \$5,000,000 |
| <input type="radio"/> \$1,000,001 - \$5,000,000 | <input type="radio"/> \$5,000,001 - \$25,000,000 |
| <input type="radio"/> \$5,000,001 - \$25,000,000 | <input type="radio"/> \$25,000,001 - \$50,000,000 |
| <input type="radio"/> \$25,000,001 - \$100,000,000 | <input type="radio"/> \$50,000,001 - \$100,000,000 |
| <input type="radio"/> Over \$100,000,000 | <input type="radio"/> Over \$100,000,000 |
| <input checked="" type="radio"/> Decline to Disclose | <input type="radio"/> Decline to Disclose |
| <input type="radio"/> Not Applicable | <input type="radio"/> Not Applicable |

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

<input type="checkbox"/>	Rule 504(b)(1) (not (i), (ii) or (iii))	<input type="checkbox"/>	Rule 505
<input type="checkbox"/>	Rule 504 (b)(1)(i)	<input checked="" type="checkbox"/>	Rule 506(b)
<input type="checkbox"/>	Rule 504 (b)(1)(ii)	<input type="checkbox"/>	Rule 506(c)
<input type="checkbox"/>	Rule 504 (b)(1)(iii)	<input type="checkbox"/>	Securities Act Section 4(a)(5)
<input type="checkbox"/>		<input type="checkbox"/>	Investment Company Act Section 3(c)

7. Type of Filing

- New Notice Date of First Sale First Sale Yet to Occur
- Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes No

9. Type(s) of Securities Offered (select all that apply)

- Pooled Investment Fund Interests
- Equity
- Tenant-in-Common Securities
- Debt
- Mineral Property Securities
- Option, Warrant or Other Right to Acquire Another Security

Security to be Acquired

Upon Exercise of Option,
Warrant or Other Right to
Acquire Security

Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary)

11. Minimum Investment

Minimum investment accepted from any outside investor \$ USD

12. Sales Compensation

Recipient	Recipient CRD Number	<input type="checkbox"/> None
<input type="text"/>	<input type="text"/>	
(Associated) Broker or Dealer	(Associated) Broker or Dealer	<input type="checkbox"/> None
<input type="checkbox"/> None	CRD Number	<input type="checkbox"/> None
<input type="text"/>	<input type="text"/>	
Street Address 1	Street Address 2	
<input type="text"/>	<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
State(s) of Solicitation	<input type="checkbox"/> All States	
<input type="text"/>		

13. Offering and Sales Amounts

Total Offering Amount \$ USD Indefinite

Total Amount Sold \$ USD

Total Remaining to be Sold \$ USD Indefinite

Clarification of Response (if Necessary)

The Total Offering Amount and Total Amount Sold are based upon the closing price of the Issuer's common stock on The Nasdaq Capital Market on 1/14/2021.

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ USD Estimate

Finders' Fees \$ USD Estimate

Clarification of Response (if Necessary)

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ USD Estimate

Clarification of Response (if Necessary)

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Sanara MedTech Inc.	/s/ Michael D. McNeil	Michael D. McNeil	Chief Financial Officer	2021-01-25