

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001998

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** WORKLIFE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

700 TOWER DR., SUITE 220  
TROY, MI 48098

**New Principal Place of Business:**

**Current Mailing Address:**

700 TOWER DR., SUITE 220  
TROY, MI 48098

**New Mailing Address:**

**FEI Number:** 38-3403594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ZELLNER, JOEL  
6817 SOUTHPOINT PARKWAY  
SUITE 403  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GROULX, STEVEN P  
Address: 17505 WEST CATAWBA, SUITE 350  
City-St-Zip: CORNELIUS, NC 28031

Title: SECR  
Name: FLORKA, ROBERT R  
Address: 700 TOWER DR., SUITE 220  
City-St-Zip: TROY, MI 48098

Title: TREA  
Name: GROULX, STEVEN P  
Address: 17505 WEST CATAWBA, SUITE 350  
City-St-Zip: CORNELIUS, NC 28031

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT R FLORKA

SECR

02/07/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date