2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

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Entity Name: AMERICAN WORKERS' COMPENSATION PRESCRIPTIONS, LLC

Current Principal Place of Business:

160 N. WESTMONTE DR., SUITE 2000
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

160 N. WESTMONTE DR., SUITE 2000
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 01-0794928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNON, HANS ESQ.
MORGAN, COLLING & GILBERT
20 NORTH ORANGE AVENUE
ORLANDO, FL 32801 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: ROY, WILFRED J
Address: 160 N. WESTMORE DR. SUITE 2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLFRED J. ROY, III MGR 04/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date