

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000030401

FILED
Sep 19, 2007
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: JAY ROY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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 exemption stated in Chapter 119, 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: WILFORD J ROY

MR

09/19/2007

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