

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000083697

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** WORKERS' HEALTHCARE, LLC

**Current Principal Place of Business:**

13550 JOG ROAD  
SUITE 204  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

13550 JOG ROAD  
SUITE 204  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 27-0827954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHULTZ, BARRY M  
16155 VIA MONTEVERDE  
DELRAY BEACH, FL 33446 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/MANAGERS:**

Title: MGRM  
Name: SCHULTZ, BARRY M  
Address: 16155 VIA MONTEVERDE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM  
Name: CRUZ, VERONICA  
Address: 7815 N KENDALL DRIVE #228  
City-St-Zip: MIAMI, FL 33156

I hereby 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: BARRY M. SCHULTZ

MGRM

01/05/2010

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