P04000066689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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T. Smith MAY 27 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Workers' Compensation Network
(Name of corporation)

DOCUMENT NUMBER: P04000066689

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael DeLucia
(Name of contact person)

Workers' Compensation Network
(Firm/Company)

9440 SW 8th Street Suite 417
(Address)

Boca Raton, Fl 33428
(City/state and zip code)

For further information concerning this matter, please call:

Michael DeLucia at (561) 715-6181
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(6/04)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Workers' Compensation Network Inc.
2. The principal office address: 9440 SW 8th Street, Boca Raton, Fl 33428
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/19/2004 Document number: P04000066689
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Angela DeLucia
9440 SW 8th Street, Suite 417
Boca Raton, Fl 33428

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael DeLucia
9440 SW 8th Street, Suite 417
(P.O. Box NOT acceptable)
Boca Raton, Fl 33428

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Angela DeLucia (Signature of an officer or director)

Angela DeLucia (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Michael DeLucia (Signature of Registered Agent)

May 23, 2005 (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314