

03-26-2003 90150 016 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000094933
 1. Entity Name
WORKCOMP SOLUTIONS, INC.



90061584

Principal Place of Business 5300 S FLORIDA AVE STE E-2 LAKELAND, FL 33813	Mailing Address 5300 S FLORIDA AVE STE E-2 LAKELAND, FL 33813
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1. Principal Place of Business 4740 Cleveland Hgts. Blvd - Same State, Apt. #, etc. Ste. 1 - Same	2. Mailing Address - Same
City & State Lakeland, FL - Same	City & State - Same
Zip 33813 Polk - Same	Country Same

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MILLS, DARRELL S
 4417 SUGARTREE DRIVE
 LAKELAND, FL 33813

4. FEI Number
59-3818843

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
4740 Cleveland Hgts. Blvd. Ste 1
 City **Lakeland** FL Zip Code **33813**

8. 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. I am familiar with, and accept the obligation of registered agent.

SIGNATURE 3/20/03
Signature must be printed name of registered agent and fee if applicable. (NOTE: Registered Agent's printed name required when in company) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, DARRELL J 4417 SUGARTREE DRIVE WEST LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Darrell J. Mills <input type="checkbox"/> Change <input type="checkbox"/> Addition 4740 Cleveland Hgts Blvd Ste 1 Lakeland FL 33813 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLS, MARY ELIZABETH 4417 SUGARTREE DRIVE WEST LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary E. Mills <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4740 Cleveland Hgts Blvd. Ste 1 Lakeland 33813 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE 3/20/03 863/646 4642
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR DATE

CFR 6034 (11/02)