

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000094933

**Entity Name:** WORKCOMP SOLUTIONS, INC.

**Current Principal Place of Business:**

5143 SOUTH LAKELAND DRIVE  
SUITE 1  
LAKELAND, FL 33813

**Current Mailing Address:**

P.O. BOX 24987  
LAKELAND, FL 33802

**FEI Number:** 59-3618843

**Certificate of Status Desired:** No

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

MILLS, DARRELL J  
5143 SOUTH LAKELAND DRIVE  
SUITE 1  
LAKELAND, FL 33813 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MILLS, DARRELL J  
Address P.O. BOX 24987  
City-State-Zip: LAKELAND FL 33802

Title VP  
Name MILLS, LORRI  
Address P.O. BOX 24987  
City-State-Zip: LAKELAND FL 33802

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORRI MILLS

VP

03/07/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date