

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000030401

**Entity Name:** AMERICAN WORKERS' COMPENSATION PRESCRIPTIONS, LLC

**Current Principal Place of Business:**

1905 W. SR 434  
LONGWOOD, FL 32750

**Current Mailing Address:**

1905 W. SR 434  
LONGWOOD, FL 32750 US

**FEI Number: 01-0794928**

**Certificate of Status Desired: No**

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

SALFI, DOMINICK J ESQUIRE  
999 DOUGLAS AVE.  
SUITE 3324  
ALTAMONTE SPRINGS, FL 32714 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

**Authorized Person(s) Detail :**

Title MGRM  
Name ROY, WILFRED J  
Address 1905 W. SR 434  
City-State-Zip: LONGWOOD FL 32750

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE: WILFRED J. ROY**

**MGRM**

**04/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date