

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030401

Entity Name: AMERICAN WORKERS' COMPENSATION PRESCRIPTIONS, LLC

FILED
Mar 09, 2015
Secretary of State
CC2992930158

Current Principal Place of Business:

307 CRANES ROOST BLVE
SUITE 1040
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

307 CRANES ROOST BLVE
SUITE 1040
ALTAMONTE SPRINGS, FL 32701

FEI Number: 01-0794928

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUVALL, JOHN E ESQUIRE
225 WATER STREET
SUITE 710
JACKSONVILLE, FL 32202 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 307 CRANES ROOST BLVD
SUITE 1040
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: ROY, WILFRED J

MANAGING MEMBER

03/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date