

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000030401

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

**FILED**  
**Feb 02, 2024**  
**Secretary of State**  
**3085421598CC**

**Current Principal Place of Business:**

1180 SPRING CENTRE SOUTH BLVD.  
SUITE 355  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1180 SPRING CENTRE SOUTH BLVD.  
SUITE 355  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 01-0794928

**Certificate of Status Desired:** No

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

DAVID R. ROY, P.A.  
4209 N. FEDERAL HWY  
POMPANO BEACH, FL 33064 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:** DAVID R ROY

02/02/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ROY, WILFRED J  
Address 1180 SPRING CENTRE SOUTH BLVD.  
SUITE 355  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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

MGR

02/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date