

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030401

Entity Name: AMERICAN WORKERS' COMPENSATION PRESCRIPTIONS, LLC

Current Principal Place of Business:

307 CRANES ROOST BLVD
SUITE 1040
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

307 CRANES ROOST BLVD
SUITE 1040
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 01-0794928

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KENNON, HANS ESQ.
MORGAN & MORGAN
20 NORTH ORANGE AVENUE, 4TH FLOOR
ORLANDO, FL 32801 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILFRED J. ROY

MANAGING MEMBER

01/23/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date