

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49774

FILED  
Jan 10, 2012  
Secretary of State

Entity Name: WORK COMP ASSOCIATES, INC.

**Current Principal Place of Business:**

9250 ALTERNATE A1A  
STE C  
NORTH PALM BEACH, FL 33403

**New Principal Place of Business:**

9250 ALTERNATE A1A  
STE C  
PALM BEACH GARDENS, FL 33403

**Current Mailing Address:**

P.O. BOX 33297  
PALM BEACH GARDENS, FL 33420

**New Mailing Address:**

FEI Number: 65-0086933      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BYRD, BARRY B.  
4600 MILITARY TRAIL  
SUITE 212  
JUPITER, FL 33458 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOLLEMAN, MICHAEL D  
Address: 9250 ALTERNATE A1A, SUITE C  
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: VP  
Name: HOLLEMAN, CATHY L  
Address: 9250 ALTERNATE A1A, SUITE C  
City-St-Zip: PALM BEACH GARDENS, FL 33403

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: MICHAEL D HOLLEMAN

PRES

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date