2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041851

Entity Name: WORKPLACE ASSISTANCE PROGRAM LLC

FILED Mar 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4537 ARTESA WAY S. 2151 NORTH CONGRESS AVENUE PALM BEACH GARDENS, FL 33418

SUITE 202

WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

4537 ARTESA WAY S. PALM BEACH GARDENS, FL 33418

FEI Number: 55-0854576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WEAVER, KATHLEEN T 4537 ARTESA WAY S PALM BEACH GARDENS, FL 33418 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

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete (X) Change () Addition

WEAVER, KATHLEEN T WEAVER, KATHLEEN T Name: Name: Address: 4537 ARTESA WAY S Address: 4537 ARTESA WAY S

City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: KATHLEEN T WEAVER 03/01/2009