

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005728

FILED
Apr 27, 2006
Secretary of State

Entity Name: RETURN TO WORK AMERICA, L.L.C.

Current Principal Place of Business:

1945 17TH STREET
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1945 17TH STREET
SARASOTA, FL 34234

New Mailing Address:

PO BOX 2432
SARASOTA, FL 342302432

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILSON, ROBERT
1945 17TH STREET
SARASOTA, FL 34234 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

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: WORKERSCOMPENSATION., COM, LLC
Address: 1945 17TH ST
City-St-Zip: SARASOTA, FL 34234

Title: CEO () Change (X) Addition
Name: WILSON, ROBERT H
Address: 1945 17TH ST
City-St-Zip: SARASOTA, FL 34234

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT H WILSON

CEO

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date