

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005728

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

1695 10TH STREET
211
SARASOTA, FL 34236

New Principal Place of Business:

1227 2ND STREET
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 2432
SARASOTA, FL 342302432

New Mailing Address:

PO BOX 2432
SARASOTA, FL 34230 US

FEI Number: 20-4345326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, ROBERT
1695 10TH STREET
211
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

WILSON, ROBERT
1227 2ND STREET
SARASOTA, FL 34236 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:

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WORKERSCOMPENSATION.COM, LLC
Address: 1695 10TH STREET SUITE 211
City-St-Zip: SARASOTA, FL 34236

Title: CEO () Delete
Name: WILSON, ROBERT H
Address: 1695 10TH STREET SUITE 211
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WORKERSCOMPENSATION.COM, LLC
Address: 1227 2ND STREET
City-St-Zip: SARASOTA, FL 34236

Title: CEO (X) Change () Addition
Name: WILSON, ROBERT H
Address: 1227 2ND STREET
City-St-Zip: SARASOTA, FL 34236

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: ROBERT H WILSON

CEO

04/23/2009

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