2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# L05000082303

Entity Name: WORK COMP SPECIALISTS OF FLORIDA LLC

Current Principal Place of Business:

5 MIRACLE STRIP LOOP
SUITE 1
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

PO BOX 9435
PANAMA CITY BEACH, FL 32417

New Mailing Address:

FEI Number: 03-0567955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, JOHN KEVIN
5 MIRACLE STRIP LOOP
SUITE 1
PANAMA CITY BEACH, FL 32407 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: MGR ( ) Delete
Name: CAMPBELL, JOHN KEVIN
Address: PO BOX 9435
City-St-Zip: PANAMA CITY BEACH, FL 32417

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN KEVIN CAMPBELL MGR 01/04/2006

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