


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

06-19-2006 90368 036 ****50.00

DOCUMENT # L05000108447		
1. Entity Name WORKERS' HEALTH, LLC		

Principal Place of Business 1109 SW 10TH STREET OCALA, FL 34474 US	Mailing Address 1109 SW 10TH STREET OCALA, FL 34474 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 203795976	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COOKIE, DOMINIE 1109 SW 10TH STREET OCALA, FL 34474		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDERO, MARIO M.D. 1109 SW 10TH STREET OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOMINIE, COOKIE 1109 SW 10TH STREET OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMME, EDWARD M.D. 1109 SW 10TH STREET OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Cookie Domenie

6/06/2006

352-804-0126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



ATTACHMENT
30011526

Mario Medero, M.D.
President

Edward L. Demmi, M.D.
Corporate Medical Director

Cookie Dominie, R.N., COHN
Vice-President

June 29, 2006

Florida Department of State
Division of Corporations

Subject: Workers Health, LLC

Reference Number: L05000108447

Dear Sir or Madam,

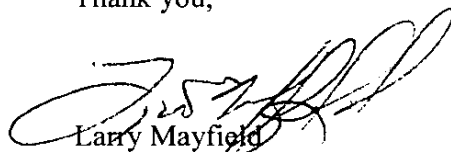
We are supplying the missing information you requested.

Block 4 was missing our Federal Employer Identification
Number.

FEI number : 203795976

Any questions or concerns, please feel free to contact us.

Thank you,


Larry Mayfield
Administrator