


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90333 031 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L05000108447</b>                |  |
| 1. Entity Name<br><b>WORKERS' HEALTH, LLC</b> |   |

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|--|--|
| Principal Place of Business<br><b>1109 SW 10TH STREET<br/>OCALA, FL 34474 US</b> | Mailing Address<br><b>1109 SW 10TH STREET<br/>OCALA, FL 34474 US</b> |
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**60047444**



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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

04302007 Chg-LLC CR2E083 (12/06)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-3795976</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b> |
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| 6. Name and Address of Current Registered Agent<br><b>COOKIE, DOMINIE<br/>1109 SW 10TH STREET<br/>OCALA, FL 34474</b> | 7. Name and Address of New Registered Agent<br>Name <b>COOKIE DOMINIE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1109 SW 10TH ST.</b><br>City <b>OCALA</b> FL Zip Code <b>34474</b> |
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| 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 <i>Cookie Dominie</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   | DATE <b>4/30/07</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MEDERO, MARIO M.D.<br>1109 SW 10TH STREET<br>OCALA, FL 34474 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DOMINIE, COOKIE<br>1109 SW 10TH STREET<br>OCALA, FL 34474 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DEMME, EDWARD M.D.<br>1109 SW 10TH STREET<br>OCALA, FL 34474 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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: <i>Cookie Dominie</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   | DATE <b>4/30/07</b><br><small>Daytime Phone #</small> |