2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108447

Entity Name: WORKERS' HEALTH, LLC

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1109 SW 10TH STREET OCALA, FL 34471

Current Mailing Address: New Mailing Address:

1109 SW 10TH STREET OCALA, FL 34471

FEI Number: 20-3795976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOMINIE, COOKIE 1109 SW 10TH STREET OCALA, FL 34471

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

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: (X) Change () Addition () Delete MEDERO, MARIO M.D. MEDERO MEDICAL HOLDINGS, INC. Name: Name: Address: 1109 SW 10TH STREET Address: 1109 SW 10TH STREET

City-St-Zip: OCALA, FL 34471 US City-St-Zip: OCALA, FL 34471 US

Title: (X) Delete Title: () Change () Addition

Name: DOMINIE, COOKIE Name: Address: 1109 SW 10TH STREET Address: City-St-Zip: OCALA, FL 34471 US City-St-Zip:

Title: (X) Delete Title: () Change () Addition

DEMMI, EDWARD M.D. Name: Name: 1109 SW 10TH STREET Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip:

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: COOKIE DOMINIE 04/16/2009