

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000108447

Entity Name: WORKERS' HEALTH, LLC

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1109 SW 10TH STREET  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

1109 SW 10TH STREET  
OCALA, FL 34471 US

**New Mailing Address:**

FEI Number: 20-3795976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

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

DOMINIE, MADELINE COOKI  
1109 SW 10TH STREET  
OCALA, FL 34471 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: MADELINE COOKIE DOMINIE

03/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: DOMINIE, MADELINE COOKI  
Address: 1109 SW 10TH STREET  
City-St-Zip: Ocala, FL 34471 US

I hereby 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: MADELINE COOKIE DOMINIE

PRES

03/10/2010

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