

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071726

FILED
Feb 20, 2008
Secretary of State

Entity Name: WORKPLACE RECOVERY SOLUTIONS, LLC

Current Principal Place of Business:

8181 NW 154TH STREET SUITE 110
MIAMI LAKES, FL 33016

New Principal Place of Business:

1119 SUNFLOWER CIRCLE
WESTON, FL 33327 US

Current Mailing Address:

8181 NW 154TH STREET SUITE 110
MIAMI LAKES, FL 33016

New Mailing Address:

1119 SUNFLOWER CIRCLE
WESTON, FL 33327 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BODET, MARCUS G
800 DOUGLAS ROAD SUITE 105
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BODET, MARCUS G RA
800 DOUGLAS ROAD SUITE 105
CORAL GABLES, FL 33134 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: MARCUS G. BODET

02/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WORKPLACE RECOVERY C, ORP.
Address: 8181 NW 154TH STREET SUITE 110
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

Title: DIR (X) Change () Addition
Name: WORKPLACE RECOVERY C, ORP.
Address: 1119 SUNFLOWER CIRCLE
City-St-Zip: WESTON, FL 33327 US

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: CHRISTIAN A. ALVAREZ

DIR

02/20/2008

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