

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000006182

**FILED
Jan 08, 2010
Secretary of State**

Entity Name: WORKHEALTH OCCUPATIONAL MEDICINE CLINIC, LLC

Current Principal Place of Business:

607 W. DR. MARTIN LUTHER KING JR. BLVD
SUITE 102
TAMPA, FL 33603 US

New Principal Place of Business:

607 W. DR. MARTIN LUTHER KING JR. BLVD
SUITE 102
TAMPA, FL 33603 US

Current Mailing Address:

New Mailing Address:

FEI Number: 26-4101954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OWI, ENIOLA A DR
607 DR. MARTIN LUTHER KING JR. BLVD
102
TAMPA, FL, FL 33603 US

Name and Address of New Registered Agent:

OWI, ENIOLA A DR
607 DR. MARTIN LUTHER KING JR. BLVD
102
TAMPA, FL 33603 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: ENIOLA A. OWI

01/08/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: OWI, ENIOLA A DR
Address: 607 W DR. MARTIN LUTHER KING, JR BLVD
City-St-Zip: TAMPA, FL 33603 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: ENIOLA A. OWI

DR

01/08/2010

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