

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006182

**FILED**  
**Jan 04, 2012**  
**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:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 26-4101954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**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 OWI

MGR

01/04/2012

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