2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# P03000138379

Entity Name: WORKERS COMPENSATION RECOVERY SPECIALISTS, INC.

Current Principal Place of Business:

11231 U.S. HIGHWAY ONE
#336
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

729 1/2 BISCAYNE DR.
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

11231 U.S. HIGHWAY ONE
#336
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

729 1/2 BISCAYNE DR.
WEST PALM BEACH, FL 33401 US

FEI Number: 20-0413815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTER, MEGHAN
11231 U.S. HIGHWAY ONE
#336
NORTH PALM BEACH, FL FL US

Name and Address of New Registered Agent:

PORTER, MEGHAN
729 1/2 BISCAYNE DR
WEST PALM BEACH, FL 33401 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: 05/01/2012

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PVST
Name: PORTER, MEGHAN M
Address: 729 1/2 BISCAYNE DR.
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MEGHAN M PORTER PVST 05/01/2012

Electronic Signature of Signing Officer or Director — Date