


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90026 020 ***150.00

DOCUMENT # P04000081305	
1. Entity Name WORKERS' HEALTH, INC.	

Principal Place of Business 1109 SW 10TH STREET OCALA, FL 34474	Mailing Address 1109 SW 10TH STREET OCALA, FL 34474
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

400000



04302007 Chg-P CR2E034 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEDERO, MARIO M.D. 1109 SW 10TH STREET OCALA, FL 34474		Name COOKIE DOMINIE Street Address (P.O. Box Number is Not Acceptable) 1109 SW 10TH ST. City OCALA FL Zip Code 34474	

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Cookie Dominie <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4/30/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDERO, MARIO M.D. 1109 SW 10TH STREET OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOMINIE, COOKIE 1109 SW 10TH STREET OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMMI, EDWARD L M.D. 1109 SW 10TH STREET OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Cookie Dominie <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/30/07 <small>Daytime Phone #</small>