

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000081305

Entity Name: WORKERS' HEALTH, INC.

FILED  
Apr 01, 2008  
Secretary of State

## Current Principal Place of Business:

1109 SW 10TH STREET  
OCALA, FL 34474

## New Principal Place of Business:

1109 SW 10TH STREET  
OCALA, FL 34471

## Current Mailing Address:

1109 SW 10TH STREET  
OCALA, FL 34474

## New Mailing Address:

1109 SW 10TH STREET  
OCALA, FL 34471

FEI Number: 20-3795976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DOMINEI, COOKIE  
1109 SW 10TH STREET  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

DOMINIE, COOKIE  
1109 SW 10TH STREET  
OCALA, FL 34471 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: COOKIE DOMINIE

04/01/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MEDERO, MARIO M.D.  
Address: 1109 SW 10TH STREET  
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete  
Name: DOMINIE, COOKIE  
Address: 1109 SW 10TH STREET  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: DEMMI, EDWARD L M.D.  
Address: 1109 SW 10TH STREET  
City-St-Zip: OCALA, FL 34474

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MEDERO, MARIO M.D.  
Address: 1109 SW 10TH STREET  
City-St-Zip: OCALA, FL 34471

Title: VP (X) Change ( ) Addition  
Name: DOMINIE, COOKIE  
Address: 1109 SW 10TH STREET  
City-St-Zip: OCALA, FL 34471

Title: D (X) Change ( ) Addition  
Name: DEMMI, EDWARD L M.D.  
Address: 1109 SW 10TH STREET  
City-St-Zip: OCALA, FL 34471

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 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 an address, with all other like empowered.

SIGNATURE: LARRY W. MAYFIELD

ADM

04/01/2008

Electronic Signature of Signing Officer or Director

Date