

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P07000053799

1. Entity Name
WORK COMP SPECIALISTS OF TAMPA, INC.



Principal Place of Business
**5 MIRACLE STRIP LOOP
SUITE #1
PANAMA CITY BEACH, FL 32407**

Mailing Address
**PO BOX 9435
PANAMA CITY BEACH, FL 32417**



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8780848

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, JOHN KEVIN
5 MIRACLE STRIP LOOP
SUITE #1
PANAMA CITY BEACH, FL 32407**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAMPBELL, JOHN KEVIN
STREET ADDRESS	5 MIRACLE STRIP LOOP SUITE 1
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	DIR
NAME	OSTOVAR, KIAN
STREET ADDRESS	2233 N.W. 41ST STREET SUITE 700 B
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	T
NAME	IVEY, ELIZABETH
STREET ADDRESS	5 MIRACLE STRIP LOOP - SUITE 1
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/08-80010-018-150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-8-08 8502343197