

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000053799

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** WORK COMP SPECIALISTS OF TAMPA, INC.

**Current Principal Place of Business:**

5 MIRACLE STRIP LOOP  
SUITE #1  
PANAMA CITY BEACH, FL 32407

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9435  
PANAMA CITY BEACH, FL 32417

**New Mailing Address:**

**FEI Number:** 20-8780848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CAMPBELL, JOHN KEVIN  
**Address:** 5 MIRACLE STRIP LOOP SUITE 1  
**City-St-Zip:** PANAMA CITY BEACH, FL 32407

**Title:** DIR  
**Name:** OSTOVAR, KIAN  
**Address:** 2233 N.W. 41ST STREET SUITE 700 B  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** T  
**Name:** IVEY, ELIZABETH  
**Address:** 5 MIRACLE STRIP LOOP - SUITE 1  
**City-St-Zip:** PANAMA CITY BEACH, FL 32407

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:** ELIZABETH IVEY

T

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date