2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

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Entity Name: ROBINSON WORK REHABILITATION SERVICES CO.

Current Principal Place of Business:

7530 103RD STREET
SUITE 10
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

PO BOX 40050
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 26-1074765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, RICK H MR.
7530 103RD STREET
SUITE 10
JACKSONVILLE, FL 32210 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: PST
Name: ROBINSON, RICK H MR.
Address: PO BOX 1132
City-St-Zip: MACCLENNY, FL 32063

Title: D
Name: ROBINSON, KIMBERLY A
Address: PO BOX 1132
City-St-Zip: MACCLENNY, FL 32063

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: KIMBERLY A ROBINSON D 01/06/2012

Electronic Signature of Signing Officer or Director — Date