2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2011
Secretary of State

DOCUMENT# P07000115698

Entity Name: WORKERS' COMPENSATION SUPPORT SERVICES, INC.

Current Principal Place of Business:

1227 2ND ST.
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2432
SARASOTA, FL 34230 US

New Mailing Address:

FEI Number: 26-2325936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, ROBERT
1227 2ND ST.
SARASOTA, FL 34236 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: WILSON, ROBERT
Address: 1227 2ND ST.
City-St-Zip: SARASOTA, FL 34236

Title: VP
Name: WILSON, ROBERT
Address: 1227 2ND ST.
City-St-Zip: SARASOTA, FL 34236

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: ROBERT WILSON P 03/17/2011

Electronic Signature of Signing Officer or Director Date