2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2010
Secretary of State

DOCUMENT# S69166

Entity Name: WORKERS COMPENSATION LEGAL CENTER, INC.

Current Principal Place of Business:

4491 S. STATE ROAD 7
PENTHOUSE #1
FT. LAUDERDALE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4491 S. STATE ROAD 7
PENTHOUSE 1
FT. LAUDERDALE, FL 33314 US

New Mailing Address:

4491 S. STATE ROAD 7
PENTHOUSE #1
FT. LAUDERDALE, FL 33314 US

FEI Number: 65-0329694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEAVY, LAURENCE F. ES
4491 S. STATE ROAD 7
PENTHOUSE 1
FT. LAUDERDALE, FL 33314 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: D
Name: LEAVY, LAURENCE F
Address: 4491 S. STATE ROAD 7 PENTHOUSE 1
City-St-Zip: FT. LAUDERDALE, FL

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: LAURENCE LEAVY MR. 06/17/2010

Electronic Signature of Signing Officer or Director Date