

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018760

Entity Name: WORKSCAPES, INC.**Current Principal Place of Business:**3605 NW 115TH AVE.
DORAL, FL 33178**Current Mailing Address:**3605 NW 115TH AVE.
DORAL, FL 33178 US**FEI Number: 59-3503347****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RICHARD J. DVORAK
3605 NW 115TH AVE.
DORAL, FL 33178 US*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**Officer/Director Detail :**

Title	CEO
Name	DVORAK, ELIZABETH A
Address	3605 NW 115TH AVE.
City-State-Zip:	DORAL FL 33178

Title	EXECUTIVE VICE PRESIDENT, SECRETARY, TREASURER
Name	DVORAK, RICHARD J
Address	3605 NW 115TH AVE.
City-State-Zip:	DORAL FL 33178

Title	VP
Name	WOODILL, EDWARD W III
Address	3605 NW 115TH AVE.
City-State-Zip:	DORAL FL 33178

Title	VP
Name	KENDRIX, CHRISTINA
Address	3605 NW 115TH AVE.
City-State-Zip:	DORAL FL 33178

Title	VP
Name	HILL, CHRISTINE
Address	3605 NW 115TH AVE.
City-State-Zip:	DORAL FL 33178

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: RICHARD DVORAK**EVP****04/27/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date