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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K19026

1. Corporation Name
~~FLORIDA QUALITY CARE, INC.~~ n/k/a
OCCUPATIONAL Health Partners, Inc.

Principal Place of Business	Mailing Address
~~5040 US HIGHWAY 98 NORTH~~ ~~LAKELAND FL 33809~~	~~5040 US HIGHWAY 98 NORTH~~ ~~LAKELAND FL 33809~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/23/1988

2. Principal Place of Business	2a. Mailing Address
21 4 Columbia Drive	26 4 Columbia Drive
22 Suite, Apt. #, etc. Suite 240	27 Suite, Apt. #, etc. SUITE 240
23 City & State TAMPA, FL	28 City & State TAMPA FL
24 Zip 33606 25 Country	29 Zip 33606 30 Country

4. FEI Number: 59-2891022 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~WHITE, GREGORY R MD~~
~~1750 N. BROADWAY~~
~~BARTOW FL 33830~~

10. Name and Address of New Registered Agent

81 Name: Buchanan Ingersoll P.C.
82 Street Address (P.O. Box Number is Not Acceptable): 401 E. JACKSON Street, Suite 2500
83
84 City: TAMPA FL 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Buchanan Ingersoll P.C. By: Linda D. Flemy Authorized Agent DATE: 4/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	ADAMS, ROBERT J.		1.2 NAME	JAMES N. HOUGH	
STREET ADDRESS	4110 S FLORIDA AVE		1.3 STREET ADDRESS	3065 SHOAL CREEK VILLAGE DRIVE	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	PD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WHITE, GREGORY R. MD		2.2 NAME		
STREET ADDRESS	5040 US 98 N		2.3 STREET ADDRESS	3077 SHOAL CREEK VILLAGE DRIVE	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	S	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	COGDILL, MICHAEL		3.2 NAME	JOSEPH FAULK	
STREET ADDRESS	5040 US 98 N		3.3 STREET ADDRESS	706 SLOOP POINT LANE	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	KURE BEACH NC 28449	
TITLE	T	☒ DELETE	4.1 TITLE	S T D	☐ Change ☒ Addition
NAME	WILKINSON, CONNIE		4.2 NAME	DAVID S. HOOD	
STREET ADDRESS	5040 US 98 N		4.3 STREET ADDRESS	4168 IOWA AVE. NE.	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Robert J. Adams	
STREET ADDRESS			5.3 STREET ADDRESS	4110 S. Florida Avenue, Suite 2	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: V. Pres. 4/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)