2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031124

Entity Name: OCCUCAPCARE, INC.

City-St-Zip:

TAMPA, FL 33609 US

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5440 MARINER STREET SUITE 112 TAMPA, FL 33609 **New Mailing Address: Current Mailing Address:** 5440 MARINER STREET SUITE 112 TAMPA, FL 33609 US FEI Number: 52-2226801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARAUJO, RONALD J.L 5440 MARINER STREET SUITE 112 TAMPA, FL 33609 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: () Change () Addition ARAUJO, RONALD J.L. CEO Name: Name: 5440 MARINER STREET, SUITE 112 Address: Address: City-St-Zip: TAMPA, FL 33609 US City-St-Zip: Title: Title: () Delete (X) Change () Addition BELL, TRACY SVP Name: PUCKETT, S. LEE PRES Name: 5440 MARINER STREET, SUITE 112 5440 MARINER STREET, SUITE 112 Address: Address: TAMPA, FL 33609 US TAMPA, FL 33609 US City-St-Zip: City-St-Zip: Title: (X) Change () Addition CFO () Delete Title: **PRFS** HANSELMAN, JOHN CFO HANSELMAN, JOHN PRES Name: Name: 5440 MARINER STREET, SUITE 112 5440 MARINER STREET, SUITE 112 Address: Address: City-St-Zip: TAMPA, FL 33609 US City-St-Zip: TAMPA, FL 33609 US Title: **EXVP** () Delete Title: () Change () Addition HARRIS, JAMES EXVP Name: Name: Address: 5440 MARINER STREET, SUITE 112 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: NICOLE MIDILI **CTLR** 04/14/2008