

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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95 MAY -1 AM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P26368** (1)

1. Corporation Name  
**THE CENTER FOR CORPORATE HEALTH, INC.**

Principal Place of Business  
**ONE TOWER SQUARE  
HARTFORD CT 06183  
US**

Mailing Address  
**ONE TOWER SQUARE  
C/O CORPORATE TAX - 4PB  
HARTFORD CT 06183  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/09/1989** 3a. Date of Last Report **04/06/1994**

4. FEI Number **54-1255643** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

(Signature, typed or printed name of registered agent and title if applicable)

(Signature, typed or printed name of registered agent, signature required when renewing)

GATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **VP**  
NAME **ROBERTSON, DWIGHT**  
STREET ADDRESS **ONE TOWER SQ**  
CITY ST ZIP **HARTFORD CT**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP

TITLE **P**  
NAME **GRAY, STEPHAN**  
STREET ADDRESS **10467 WHITE GRANITE DR S300**  
CITY ST ZIP **OAKTON VA**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP

**800001515608  
-06/16/95--01080--004**

**\*\*\*\*200.00 \*\*\*\*200.00**

TITLE **T**  
NAME **HAMMES, RACHEL**  
STREET ADDRESS **10467 WHITE GRANITE DR S300**  
CITY ST ZIP **OAKTON VA**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

TITLE **VP**  
NAME **RYAN, GEORGE A**  
STREET ADDRESS **1 TOWER SQ**  
CITY ST ZIP **HARTFORD CT**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

TITLE **S**  
NAME **ENGBERG, NANCY J.**  
STREET ADDRESS **1 TOWER SQ**  
CITY ST ZIP **HARTFORD CT**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

TITLE **AS**  
NAME **EDDY, PAUL H.**  
STREET ADDRESS **1 TOWER ST**  
CITY ST ZIP **HARTFORD CT**

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY ST ZIP

REMITTED BY MAY 1

CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *George A. Ryan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**George A. Ryan, Vice President - Taxes**

(203) 277-5465

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The Center For Corporate Health, Inc.  
1995 Annual Report Information

Officers

*P/D*  
Stephen Gray  
President  
10467 White Granite Drive  
Suite 300  
Oakton, VA 22124

*✓*  
George A. Ryan  
Vice President-Taxes  
One Tower Square  
Hartford, CT 06183

*AS*  
William H. White  
Assistant Treasurer  
One Tower Square  
Hartford, CT 06183

*✓*  
Nancy J. Engberg  
Secretary  
One Tower Square  
Hartford, CT 06183

*V/D*  
Dwight Robertson  
Vice President  
One Tower Square  
Hartford, CT 06183

*J*  
Rachel Hammes  
Treasurer  
10467 White Granite Drive  
Suite 300  
Oakton, VA 22124

*AS*  
Paul H. Eddy  
Assistant Secretary  
One Tower Square  
Hartford, CT 06183

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The Center For Corporate Health, Inc.  
1995 Annual Report Information

Directors

P/D  
Stephan Gray  
10467 White Granite Drive  
Suite 300  
Oakton, VA 22124

V/D  
Dwight Robertson  
One Tower Square  
Hartford, CT 06183

D  
Kam Shah  
Suite 200  
3903 Northdale Blvd.  
Tampa, FL 33624

~~Saul Feldman~~  
~~Suite 300~~  
~~10467 White Granite Drive~~  
~~Oakton, VA 22124~~

D  
Patrick Sorano  
Suite 200  
3903 Northdale Blvd.  
Tampa, FL 33624

D  
Anthony Kotin  
Suite 300  
10467 White Granite Drive  
Oakton, VA 22124

D  
Saul Feldman  
Suite 300  
10467 White Granite Drive  
Oakton, VA 22124