FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000085634 (2)

1. Corporation Name

BAPTIST OCCUPATIONAL HEALTH, INC.

Principal Place of Business	Mailing Address
800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207	800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3214040 ☐ Applied For ☐ Not Applicable
5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
1800 NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32302

10. Name and Address of New Registered Agent

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 ______________________________ DATE
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	D	1.1 TITLE ☐ Change ☐ Addition
NAME	ADAMS, CORA	1.2 NAME
STREET ADDRESS	800 PRUDENTIAL DR	1.3 STREET ADDRESS
CITY, ST, ZIP	JACKSONVILLE FL	1.4 CITY, ST, ZIP
TITLE	DV	2.1 TITLE ☐ Change ☐ Addition
NAME	DOOLITTLE, SANDRA O.	2.2 NAME
STREET ADDRESS	800 PRUDENTIAL DR	2.3 STREET ADDRESS
CITY, ST, ZIP	JACKSONVILLE FL	2.4 CITY, ST, ZIP
TITLE	DV	3.1 TITLE ☐ Change ☐ Addition
NAME	PARRETT, DONALD O.	3.2 NAME
STREET ADDRESS	800 PRUDENTIAL DR	3.3 STREET ADDRESS
CITY, ST, ZIP	JACKSONVILLE FL	3.4 CITY, ST, ZIP
TITLE	DP	4.1 TITLE ☐ Change ☐ Addition
NAME	THOMPSON, CAROL C.	4.2 NAME
STREET ADDRESS	800 PRUDENTIAL DR	4.3 STREET ADDRESS
CITY, ST, ZIP	JACKSONVILLE FL	4.4 CITY, ST, ZIP
TITLE	ST	5.1 TITLE ☐ Change ☐ Addition
NAME	JACKSON, REBECCA B.	5.2 NAME
STREET ADDRESS	800 PRUDENTIAL DR	5.3 STREET ADDRESS
CITY, ST, ZIP	JACKSONVILLE FL	5.4 CITY, ST, ZIP
TITLE	AST	6.1 TITLE ☐ Change ☐ Addition
NAME	PERRY, LINDA	6.2 NAME
STREET ADDRESS	800 PRUDENTIAL DR	6.3 STREET ADDRESS
CITY, ST, ZIP	JACKSONVILLE FL	6.4 CITY, ST, ZIP

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 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.

SIGNATURE: [signature] Rebecca B. Jackson 4-25-95 904/393-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018743 CP

P93-856334

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SECRETA
TALLAHASS

BAPTIST OCCUPATIONAL HEALTH, INC.

D	**Raines, Diane**	**800 Prudential Drive**	**Jacksonville, FL 32207**