## **2003 FOR PROFIT CORPORATION**

UN	IFUR	W POSINE	.55	KEPUK	1 (1	JBK	<u> </u>		Apr 30, 2	003	0.00	am	8
DOCUMENT # P9300085634  1. Entity Name BAPTIST OCCUPATIONAL HEALTH, INC.								Secretary of State 04-30-2003 90315 019 ***150.00					
Principal Place of Business C/O HARVEY GRANGER 1325 SAN MARCO BLVD SUITE 902 JACKSONVILLE FL 32207 US 2. Principal Place of Business			Mailing Address C/O HARVEY GRANGER 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE FL 32207 US 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State					4. FEI	Number <b>59-3214040</b>	_	<b>——</b>	plied For at Applicable	$\exists$
Zip Country			Zip		Country			<b>5.</b> Cer	tificate of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current I	Registere	ed Agent				7. Nar	ne and Address of New Re	gistered /	Agent		]
<del>-</del> '						Name							
GRANGER, HARVEY 1325 SAN MARCO BLVD.						Street A	ddress (P.0	О. Вох	Number is Not Acceptable)				
SUITE 902	2												
JACKSONVILLE FL 32207						City				Zip Cod	9	1	
8 The above	named entity	submits this statement for	the purp	ose of changing its	renistere	ed office or	registered	d agent	, or both, in the State of Flori	da Lamí	amiliar with	and accept	-
	tions of registe		ино разр	ooo or origing no	09.0.0.		109.000.00	a ago	, 0, 000, 11, 010 010, 011			a	
SIGNATURE .	Signature, typed of	or printed name of registered agent a	nd title if app	olicable. (NOTS	: Registere	d Agent signate	ure required wh	hen reinst	ating)	DATE	<del></del>		
	<del></del>											· · · · · · · · · · · · · · · · · · ·	┨
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00									9. Election Campaign Fina	ncing _	\$5.0	O May Be	
Make Check Payable to Florida Department of State									Trust Fund Contribution.		Added	I to Fees	
10.		OFFICERS AND I		De	11.			ADDI	TIONS/CHANGES TO OFFIC	EDS AND	DIRECTOR	2 INI 11	
TITLE	D	OTTIOETS AND I	JINEOTO	☐ Delete	TITLE	·	51	ADDI	HONO/CHANGES TO OFFIC	CINO AINE	Change	Addition	-   ⊗
NAME STREET ADORESS CITY-ST-ZIP	DURKIN, CHRISTOPHER 1325 SAN MARCO BLVD., SUITE					NAME HAU STREET ADDRESS 132		rvey Granger 25 San Marto Blvd-Swite 902 CKSONVIlle, FL 32207					CR2E034 (10/02)
TITLE	DP			☐ Delete	TITLE	<del></del>	<u> </u>				Change	Addition	12
NAME	PARRETT,	DONALD O	•••	La delete	NAM						onango		0
STREET ADDRESS CITY-ST-ZIP		MARCO BLVD., SUITE : /ILLE FL 32207	902			-ST-ZIP							
TITLE	DV			☐ Delete	TITLE		]				Change	☐ Addition	}
NAME		n, carol c			NAM								
STREET ADDRESS		MARCO BLVD., SUITE	902			ET ADDRESS							
CITY-ST-ZIP	<del></del>	ILLE FL 32207			CHY	-ST-ZIP							4
TITLE	ST	DESCOOL D		Delete	TITLE						Change	Addition	
NAME		REBECCA B	~~~		NAMI		İ						1
STREET ADDRESS CITY-ST-ZIP		Marco Blvd., suite : 'Ille fl 32207	902			et address -st-zip							1
	INCUSONA	ILLE FL 3220/									FT Chance	Malatan -	-
TITLE NAME				☐ Delete	TITLE						Change	☐ Addition	
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP	1				1	ST-ZIP							
TITLE	<del>                                     </del>			☐ Delete	TITLE	<del></del>	-		<del></del>	-h-	☐ Change	Addition	1
NAME				∟ Derete	NAM							L. AUGIOUII	
STREET ADDRESS	[					ET ADDRESS							
CITY-ST-ZIP	i					-ST-71P							1

SIGNATURE:

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.