

F00000005835

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 10/18

Corporation(s) Name

300003428603--6
-10/18/00--01050--002
*****70.00 *****70.00

WUP 0054680

Occupational Health Support Services, Inc.

☒ Profit
☐ Nonprofit

☐ Amendment

☐ Merger

☒ Foreign
☐ LLC

☐ Dissolution
☐ Withdrawal

☐ Mark

☐ Limited Partnership
☐ Reinstatement
☐ UCC () 1 or () 3

☐ UBR
☐ Fictitious Name

☐ Other
☐ Change RA

***Special Instructions**

☐ Certified Copy
☐ Parts/amends/mergers () Other-See Above

☐ Photocopies

☐ CUS

(XXX)Walk in

(XXX)Pick-up

()Will Wait

Please Return Filed Stamped
Copies To:

Jeffrey Butterfield

Thank You!

FO00000583

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. Occupational Health & Support Services, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Georgia
(State or country under the law of which it is incorporated)
3. 58-2467133
(FEI number, if applicable)
4. January 21, 1999
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 6080 Koweta Road, Fairburn, Georgia 30213
(Current mailing address)
8. To engage in any lawful business
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)
10. Registered agent acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

(Registered agent's signature) (Officer)

JENNIFER F AULTMAN
ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Alan A Allison

Address: 6080 Koweta Road

Fairburn, Georgia 30213

Director: _____

Address: _____

B. OFFICERS

President: Alan A Allison

Address: 6080 Koweta Road

Fairburn, Georgia 30213

Vice President: _____

Address: _____

Secretary: Alan A Allison

Address: 6080 Koweta Road

Fairburn, Georgia 30213

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00 OCT 18 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Treasurer: Alan A. Allison

Address: 6080 Kowata Road

Fairburn, Georgia 30213

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Alan A. Allison
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Alan A Allison, President
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 002910219
CONTROL NUMBER : K904602
DATE INC/AUTH/FILED: 01/21/1999
JURISDICTION : GEORGIA
PRINT DATE : 10/17/2000
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CT CORPORATION SYSTEM
DENISE PFANNKUCHE
1201 PEACHTREE STREET, NE
ATLANTA, GA 30361

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

OCCUPATIONAL HEALTH & SUPPORT SERVICES, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox

Cathy Cox
Secretary of State