


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90044 020 \*\*\*150.00

<b>DOCUMENT # F07000000212</b>	
1. Entity Name <b>CONCENTRA SERVICES, INC.</b>	

Principal Place of Business <b>77 SOUTH BEDFORD ST. SUITE 200 ATTN: CORPORATE TAX DEPT BURLINGTON, MA 01803</b>	Mailing Address <b>77 SOUTH BEDFORD ST. SUITE 200 ATTN: CORPORATE TAX DEPT BURLINGTON, MA 01803</b>
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\$150-  
**40046031**



2. Principal Place of Business - No P.O. Box # <b>5080 Spectrum Dr.</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>1200 W. TOWER</b>		Suite, Apt. #, etc.	
City & State <b>Addison TX</b>		City & State	
Zip <b>75001</b>	Country	Zip	Country

01082008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-5998094</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS THOMPSON, ELEANOR J 5080 SPECTRUM DRIVE SUITE 1200 W. TOWER ADDISON, TX 75001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, DANIEL J 5080 SPECTRUM DRIVE SUITE 1200 W. TOWER ADDISON, TX 75001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENWOOD, JAMES M 5080 SPECTRUM DRIVE SUITE 1200 W. TOWER ADDISON, TX 75001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KIRALY, THOMAS E 5080 SPECTRUM DRIVE SUITE 1200 W. TOWER ADDISON, TX 75001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SOLLS, MARK A 5080 SPECTRUM DRIVE SUITE 1200 W. TOWER ADDISON, TX 75001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, SU ZAN 5080 SPECTRUM DRIVE SUITE 1200 W. TOWER ADDISON, TX 75001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:** GARY CHEDOKEL **2-29-08** **761 290 5350**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #