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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

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-01/13/95--01013--012  
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SUBJECT: Occupational Healthcare Management Services, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Randy Herndon  
(Name of Person)  
Occupational Healthcare Management Services  
(Firm/Company)  
700 Broadway, OH0384  
(Address)  
Denver, CO 80273  
(City, State and Zip Code)

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Should you need to call someone concerning this matter, please call:

Randy Herndon at ( 303 ) 831 - 2104  
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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 Healthcare Management 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. Colorado 3. 84-1094892  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 18, 1988 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. New Operation in Florida  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. Occupational Healthcare Management Services  
700 Broadway, OH0384, Denver, CO 80273  
(Current mailing address)

8. Managed Care Services and Third Party Administration for Workers' Compensation  
(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: Terrell A. Gibson, Manager Long Term Care

Office Address: 8665 Baypine Rd., Suite 200

Jacksonville, Florida, 32256-7559  
(Zip Code)

10. **Registered agent's 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 obligations of my position as registered agent.*

Terrell A. Gibson  
(Registered agent's signature)

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.

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

A. DIRECTORS : (PLEASE REFER TO THE ATTACHED LIST OF OUR BOARD OF DIRECTORS AND OFFICERS.)

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

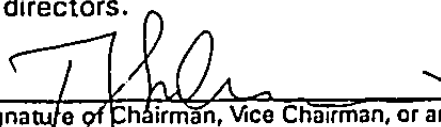
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13.  \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Terrance Sullivan, MD Chief Operating Officer  
(Typed or printed name and capacity of person signing application)

**Occupational Healthcare Management Services (OHMS)  
Board of Directors**

**700 Broadway, Suite 1132\*  
Denver, Colorado 80273  
(303) 831-3059**

Chairman of the Board .....	C. David Kikumoto
President/CEO .....	Jerry R. Robinson
Chief Operating Officer .....	Terrence Sullivan, M.D.
Chief Financial Officer .....	William P. Crossen
Vice President-Marketing .....	Randy D. Herndon
Treasurer .....	Kenneth A. Harris
Secretary .....	Catherine A. G. Sparkman
Board Member .....	Donald G. Cacace

Note: For security purposes, the home addresses and phone numbers of OHMS board members cannot be released. All board members can be contacted through the OHMS office as listed above.



# STATE OF COLORADO

DEPARTMENT OF  
STATE

## CERTIFICATE

I, NATALIE MEYER, Secretary of State of the State of  
Colorado hereby certify that

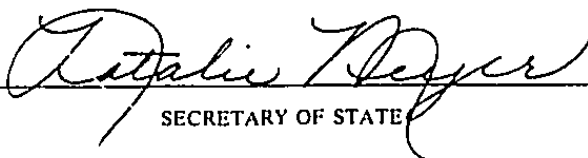
According to the records of this office

OCCUPATIONAL HEALTHCARE MANAGEMENT SERVICES, INC.  
(COLORADO CORPORATION)

file # 881080658 was filed in this office on AUGUST 18, 1988,  
and has complied with the applicable provisions of the  
laws of the State of Colorado and on this date is in good  
standing and authorized and competent to transact business  
or to conduct its affairs within this state.

Dated: NOVEMBER 30, 1994

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SECRETARY OF STATE