

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001741 (6)

1. Corporation Name

WORKHEALTH, INC.



Principal Place of Business

111 WESTWOOD PL.
SUITE 210
BRENTWOOD TN 37027

Mailing Address

111 WESTWOOD PL.
SUITE 210
BRENTWOOD TN 37027

3. Date Incorporated or Qualified
04/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

62-1598556

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box) 9000017413789

83

04/25/96-01014-015
***200.00

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHARD, GREGORY B	
STREET ADDRESS	111 WESTWOOD PL., #210	
CITY - ST - ZIP	BRENTWOOD TN 37027	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOCKERSMITH, VIRGIL W	
STREET ADDRESS	111 WESTWOOD PL., #210	
CITY - ST - ZIP	BRENTWOOD TN 37027	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MENGERT, STEPHEN M	
STREET ADDRESS	111 WESTWOOD PL., #210	
CITY - ST - ZIP	BRENTWOOD TN 37027	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YOUREE, WILLIAM F	
STREET ADDRESS	111 WESTWOOD PL., #210	
CITY - ST - ZIP	BRENTWOOD TN 37027	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gregory B. Richard	
1.3 STREET ADDRESS	111 Westwood Pl, Suite #210	
1.4 CITY - ST - ZIP	Brentwood, TN 37027	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kelly Gill	
2.3 STREET ADDRESS	111 Westwood Place, Suite #210	
2.4 CITY - ST - ZIP	Brentwood, TN 37027	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sydney Boone	
3.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
3.4 CITY - ST - ZIP	Houston, TX 77094	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	C. W. Frank	
4.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
4.4 CITY - ST - ZIP	Houston, TX 77094	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Edward L. Kuntz	
5.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
5.4 CITY - ST - ZIP	Houston, TX 77094	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	L. D. Williams	
6.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
6.4 CITY - ST - ZIP	Houston, TX 77094	

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)(k), 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: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory Richard

4/16/96 (615) 377-2937

Date:

Daytime Phone #

56-4-24-96

CR2E034 (12/95)