

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/11/1995		04/24/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		-62-1598556 76-299710		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	RICHARD, GREGORY B	
STREET ADDRESS	111 WESTWOOD PL., #210	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	P	DELETE
NAME	GILL, KELLY W.	
STREET ADDRESS	111 WESTWOOD PL., #210	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	S	DELETE
NAME	BOONE, SYDNEY	
STREET ADDRESS	15415 KATY FREEWAY SUITE 800	
CITY-ST-ZIP	HOUSTON TX 77094	
TITLE	V	DELETE
NAME	FRANK, C.W.	
STREET ADDRESS	15415 KATY FREEWAY SUITE 800	
CITY-ST-ZIP	HOUSTON TX 77094	
TITLE	D	DELETE
NAME	KUNTZ, EDWARD L	
STREET ADDRESS	15415 KATY FREEWAY SUITE 800	
CITY-ST-ZIP	HOUSTON TX 77094	
TITLE	D	DELETE
NAME	WILLIAMS, L.D.	
STREET ADDRESS	15415 KATY FREEWAY SUITE 800	
CITY-ST-ZIP	HOUSTON TX 77094	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 holder of a trust 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:

CP2E034 (4/97)