

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/11/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 76-0505710 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
			FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V WESSON, BARRY <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V Dan McLary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	111 WESTWOOD PL	1.2 NAME	111 Westwood Pl	
STREET ADDRESS	BRENTWOOD TN	1.3 STREET ADDRESS	Brentwood, TN	
CITY-ST-ZIP		1.4 CITY-ST-ZIP		
TITLE	S BOONE, SYDNEY <input type="checkbox"/> DELETE	2.1 TITLE	VP15 Sydney Boone <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	15415 KATY FREEWAY SUITE 800	2.2 NAME	One Ravinia Drive	
STREET ADDRESS	HOUSTON TX 77094	2.3 STREET ADDRESS	Atlanta, Ga 30346	
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	V WARD, DAVID L <input type="checkbox"/> DELETE	3.1 TITLE	P David Ward <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	111 WESTWOOD PL	3.2 NAME	111 Westwood Pl	
STREET ADDRESS	BRENTWOOD TN	3.3 STREET ADDRESS	Brentwood, TN	
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	D KUNTZ, EDWARD L <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D Charles Carden <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	15415 KATY FREEWAY SUITE 800	4.2 NAME	One Ravinia Drive	
STREET ADDRESS	HOUSTON TX 77094	4.3 STREET ADDRESS	Atlanta, Ga 30346	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	D WILLIAMS, L.D. <input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15415 KATY FREEWAY SUITE 800	5.2 NAME		
STREET ADDRESS	HOUSTON TX 77094	5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I 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 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:

2/26/98

770/393-0199

CR2E034 (10/97)