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FILED
May 12 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 # F96000005440 (0)

1. Corporation Name

WORKHEALTH HEALTHCARE MANAGEMENT, INC.

Principal Place of Business

15415 KATY FREEWAY
HOUSTON TX 77094

Mailing Address

15415 KATY FREEWAY
HOUSTON TX 77094-1816



3. Date Incorporated or Qualified
10/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 111 WESTWOOD PLACE

27 Suite, Apt. #, etc.

28 BRENTWOOD TN

29 City & State

30 Zip

31 Country

4. FEI Number
76-0505710

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME KUNTZ, EDWARD L
STREET ADDRESS 15415 KATY FREEWAY
CITY-ST-ZIP HOUSTON TX 77094

TITLE D DELETE

NAME WILLIAMS, LEE D
STREET ADDRESS 15415 KATY FREEWAY
CITY-ST-ZIP HOUSTON TX 77094

TITLE VS DELETE

NAME BOONE, SYDNEY K
STREET ADDRESS 15415 KATY FREEWAY
CITY-ST-ZIP HOUSTON TX 77094

TITLE P DELETE

NAME GILL, KELLY
STREET ADDRESS 111 WESTWOOD PLACE, #210
CITY-ST-ZIP BRENTWOOD TN 37024

TITLE V DELETE

NAME WESSON, BARRY
STREET ADDRESS 111 WESTWOOD PLACE, #210
CITY-ST-ZIP BRENTWOOD TN 37024

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

VICE PRESIDENT

DAVID WARD

111 WESTWOOD PLACE, #210

BRENTWOOD, TN 37027

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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

615/377-7937

Date Daytime Phone #

CR2E034 (9/96)