

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Mar 16 1998 8:00am  
Secretary of State

DOCUMENT # **F96000005440 (0)**

1. Corporation Name

**WORKHEALTH HEALTHCARE MANAGEMENT, INC.**

Principal Place of Business

**15415 KATY FREEWAY  
HOUSTON TX 77094**

Mailing Address

**111 WESTWOOD PLACE  
SUITE 210  
BRENTWOOD TN 37027  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/21/1996**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **One Ravinia Drive**

Suite, Apt. #, etc.

22 **Suite 1500**

City & State

23 **Atlanta, GA**

Zip

24 **30346**

Country

25 **USA**

2a. Mailing Address

26 **One Ravinia Drive**

Suite, Apt. #, etc.

27 **Suite 1500**

City & State

28 **Atlanta, GA**

Zip

29 **30346**

Country

30 **USA**

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 **VP** ☒ DELETE

NAME **WARD, DAVID**  
STREET ADDRESS **111 WESTWOOD PLACE #210**  
CITY-ST-ZIP **BRENTWOOD TN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Charles Carden**  
1.3 STREET ADDRESS **One Ravinia Drive, Suite 1500**  
1.4 CITY-ST-ZIP **Atlanta, GA 30346**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **VS** ☒ Change ☐ Addition

3.2 NAME **Sydney Boone**  
3.3 STREET ADDRESS **One Ravinia Drive, Suite 1500**  
3.4 CITY-ST-ZIP **Atlanta, GA 30346**

4.1 TITLE **P** ☐ Change ☒ Addition

4.2 NAME **David Ward**  
4.3 STREET ADDRESS **111 Westwood Pl**  
4.4 CITY-ST-ZIP **Brentwood, TN**

5.1 TITLE **V** ☐ Change ☒ Addition

5.2 NAME **Dan McLary**  
5.3 STREET ADDRESS **111 Westwood Place**  
5.4 CITY-ST-ZIP **Brentwood, TN 30346**

6.1 TITLE **VP** ☐ Change ☒ Addition

6.2 NAME **Boyd Gentry**  
6.3 STREET ADDRESS **One Ravinia Drive, Suite 1500**  
6.4 CITY-ST-ZIP **Atlanta, GA 30346**

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:

2-76-98 770/243.0199

CR2E034 (10/97)