

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90199 040 ***150.00

DOCUMENT # F96000005440

1. Corporation Name

WORKHEALTH HEALTHCARE MANAGEMENT, INC.



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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 One Ravinia Dr
STE 1500
ATLANTA GA 30346
US

26 One Ravinia Drive

22 Suite, Apt. #, etc.

27 Suite 1500

23 City & State

28 Atlanta, GA

24 Zip Country

29 30346 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 remitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME CARDEN, CHARLES
STREET ADDRESS ONE RAVINIA DR, STE 1500
CITY-ST-ZIP ATLANTA GA 30346

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Susan Thomas Whittle
1.3 STREET ADDRESS One Ravinia Drive
1.4 CITY-ST-ZIP Atlanta, GA 30346

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

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME George D. Morgan
2.3 STREET ADDRESS One Ravinia Drive
2.4 CITY-ST-ZIP Atlanta, GA 30346

TITLE VS ☒ DELETE
NAME BOONE, SYDNEY
STREET ADDRESS ONE RAVINIA DR, STE 1500
CITY-ST-ZIP ATLANTA GA 30346

3.1 TITLE VS ☐ Change ☒ Addition
3.2 NAME Stefano M. Miele
3.3 STREET ADDRESS One Ravinia Drive
3.4 CITY-ST-ZIP Atlanta, GA 30346

TITLE P ☒ DELETE
NAME WARD, DAVID
STREET ADDRESS 111 WESTWOOD PL
CITY-ST-ZIP BRENTWOOD TN 37024

4.1 TITLE P ☐ Change ☒ Addition
4.2 NAME C. Christian Winkle
4.3 STREET ADDRESS One Ravinia Drive
4.4 CITY-ST-ZIP Atlanta, GA 30346

TITLE V ☒ DELETE
NAME MCLARY, DAN
STREET ADDRESS 111 WESTWOOD PLACE
CITY-ST-ZIP BRENTWOOD TN 30346

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME GENTRY, BOYD
STREET ADDRESS ONE RAVINIA DR, STE 1500
CITY-ST-ZIP ATLANTA GA 30346

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEFANO MIELE

4/21/99

Date

678-443-7000

Daytime Phone #

CR2E034 (11/98)