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Secretary of State
04-06-2007 90046 008 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000004529

1. Entity Name
OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, P.A.

40052519

Principal Place of Business	Mailing Address
5080 SPECTRUM DR STE 400 W ADDISON, TX 75001 US	77 SO. BEDFORD ST, SUITE 200 ATTN: CORP TAX DEPT BURLINGTON, MA 01803 US

01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-2014828 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FOGARTY, W T 5080 SPECTRUM DRIVE, ~~W TOWER, STE 400~~ ADDISON, TX 75001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1200 W. TOWER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS DEREBERY, JANE MD 5080 SPECTRUM DRIVE W TOWER, SUITE 400 ADDISON, TX 75001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 10200 BROADWAY #201 SAN ANTONIO TX 78217
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT LEWIS, BILL MD 5080 SPECTRUM DRIVE W TOWER, SUITE 400 ADDISON, TX 75001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 320 E. MCDOWELL RD #105 PHOENIX AZ 85004
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Tom Fogarty 4.2.07 7812805350
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
W. TOM FOGARTY, MD