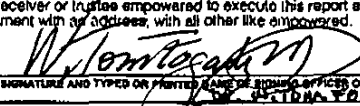


FILED
Apr 06, 2007 8:00 am
Secretary of State

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.			
Principal Place of Business 5080 SPECTRUM DR STE 400 W ADDISON, TX 75001 US		Mailing Address 77 SO. BEDFORD ST, SUITE 200 ATTN: CORP TAX DEPT BURLINGTON, MA 01803 US	
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
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when completing)			
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	1200 W. TOWER ☐ Change ☐ Addition
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	10200 BROADWAY #201 SAN ANTONIO TX 78217 ☐ Change ☐ Addition
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	320 E. McDOWELL RD #105 PHOENIX AZ 85004 ☐ 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: 		4.2.07 7812905350 Date Daytime Phone	