


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE

\$150⁰⁰



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2014828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000856616 03/28/08-80019-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOGARTY, W T 1200 W TOWER ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DEREBERY, JANE MD 10200 BROADWAY #201 SAN ANTONIO, TX 78217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEWIS, BILL MD 302 E MCDOWELL RD #105 PHOENIX, AZ 85004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 MD 3.10.08 781-290-5350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #