

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004529

FILED
Apr 17, 2009
Secretary of State

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

Current Principal Place of Business:

5080 SPECTRUM DR
STE 400 W
ADDISON, TX 75001 US

New Principal Place of Business:

5080 SPECTRUM DR
STE 1200 W TOWER
ADDISON, TX 75001 US

Current Mailing Address:

77 SO. BEDFORD ST, SUITE 200
ATTN: CORP TAX DEPT
BURLINGTON, MA 01803 US

New Mailing Address:

495 OLD CONNECTICUT PATH #220
ATTN: CORP TAX DEPT
FRAMINGHAM, MA 01701 US

FEI Number: 75-2014828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOGARTY, W T
Address: 1200 W TOWER
City-St-Zip: ADDISON, TX 75001

Title: VS (X) Delete
Name: DEREBERY, JANE MD
Address: 10200 BROADWAY #201
City-St-Zip: SAN ANTONIO, TX 78217

Title: VT () Delete
Name: LEWIS, BILL MD
Address: 302 E MCDOWELL RD #105
City-St-Zip: PHOENIX, AZ 85004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: FOGARTY, W T
Address: 1200 W TOWER
City-St-Zip: ADDISON, TX 75001

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: LEWIS, WILLIAM MD
Address: 320 E MCDOWELL RD #105
City-St-Zip: PHOENIX, AZ 85004

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. TOM FOGARTY

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04/17/2009

Electronic Signature of Signing Officer or Director

Date