

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000004529

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

P O BOX 740026  
LOUISVILLE, KY 40201 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

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** FOGARTY, W T  
**Address:** 1200 W TOWER  
**City-St-Zip:** ADDISON, TX 75001

I hereby 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 all other like empowered.

**SIGNATURE:** W TOM FOGARTY MD

PRES

03/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date