2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004888

Entity Name: CONCENTRA HEALTH SERVICES, INC.

FILED Mar 29, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

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

Current Mailing Address: New Mailing Address:

495 OLD CONNECTICUT PATH #220 ATTN: CORP TAX DEPT

LOUISVILLE, KY 40201 US FRAMINGHAM, MA 01701 US

FEI Number: 75-2510547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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

P O BOX 740026

OFFICERS AND DIRECTORS:

Title:

GREENWOOD, JAMES M Name:

5080 SPECTRUM DR 1200 W. TOWER Address:

City-St-Zip: ADDISON, TX 75001

Title:

Name: LENAHAN, JOAN O 500 W MAIN ST Address: LOUISVILLE, KY 40202 City-St-Zip:

Title: TD

BLOEM, JAMES H Name: 500 W MAIN ST Address: City-St-Zip: LOUISVILLE, KY 40202

Title:

MCCALLISTER, MICHAEL B Name: Address: 500 W MAIN ST

City-St-Zip: LOUISVILLE, KY 40202

Title:

Name: MURRAY, JAMES E Address: 500 W MAIN ST LOUISVILLE, KY 40202 City-St-Zip:

Title:

BAUERNFEIND, GEORGE G Name:

Address: 500 W MAIN ST City-St-Zip: LOUISVILLE, KY 40202

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.

VΡ SIGNATURE: GEORGE BAUERNFEIND 03/29/2012