

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005001

FILED
Mar 22, 2006
Secretary of State

Entity Name: AMERICAN OCCUPATIONAL HEALTH MANAGEMENT, INC.

Current Principal Place of Business:

40 BURTON HILLS BLVD., SUITE 200
NASHVILLE, TN 37215

New Principal Place of Business:

Current Mailing Address:

40 BURTON HILLS BLVD., SUITE 200
NASHVILLE, TN 37215

New Mailing Address:

FEI Number: 52-1994026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: MARTIN, FRANK A
Address: 40 BURTON HILLS BLVD., SUITE 200
City-St-Zip: NASHVILLE, TN 37215

Title: S/V () Delete
Name: BOCK, DAVID R
Address: 40 BURTON HILLS BLVD., SUITE 200
City-St-Zip: NASHVILLE, TN 37215

Title: V () Delete
Name: BOULDIN, T. MICHAEL
Address: 40 BURTON HILLS BLVD., SUITE 200
City-St-Zip: NASHVILLE, TN 37215

Title: V () Delete
Name: ROZENFELD, YURI
Address: 40 BURTON HILLS BLVD., SUITE 200
City-St-Zip: NASHVILLE, TN 37215

Title: V () Delete
Name: HOWELL, TAMMY W
Address: 40 BURTON HILLS BLVD., SUITE 200
City-St-Zip: NASHVILLE, TN 37215

Title: V () Delete
Name: PHILLIPS, CHARLES D
Address: 40 BURTON HILLS BLVD., SUITE 200
City-St-Zip: NASHVILLE, TN 37215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES R. MCKNIGHT

VP

03/22/2006

Electronic Signature of Signing Officer or Director

Date