Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number: I2000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

AMERICAN OCCUPATIONAL HEALTH MANAGEMENT, INC.

Certificate of Status Certified Copy Page Count \$35,00 Estimated Charge

Help

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Electronic Filing Menu

Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

FOR CORPORATIONS	
Prasuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of change is submitted for a corporation organized under the laws of the State of Delaware	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: AMERICAN OCCUPATIONAL HEALTH MANAGEMENT, INC.	
2. The principal office address: 205 Miller Springs Court, Franklin, TN 37064	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/27/1999 Document number: F9900005001	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
NRAI Services, Inc.	
2731 Executive Park Drive Suite 4	
Weston, FL 33331	خ
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	?
Corporation Service Company	
1201 Hays Street	
(P.O. Box NOT acceptable)	
Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change.	
J UKUL Yuri Rozenfell Secretary	
I hereby accept the appointment as registered agent and agree to act in this capacity.	
I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Corporation Service Company	
By: Kuno Clle Oot . 78 708	
If signing on behalf of an entity:	
Keyna Etter, Asst. Secretary	
(Typed or Printed Name)	
* * * FILING FEE: \$35.00 * * *	
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)	

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