

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90160 011 ***150.00

0646299 AT

DOCUMENT # F99000005001

1. Entity Name
AMERICAN OCCUPATIONAL HEALTH MANAGEMENT, INC.



Principal Place of Business
**20 BURTON HILLS BLVD., SUITE 200
NASHVILLE TN 37215**

Mailing Address
**20 BURTON HILLS BLVD., SUITE 200
NASHVILLE TN 37215**

2. Principal Place of Business

40 Burton Hills Blvd

Suite, Apt. #, etc.

Suite 200

City & State

Nashville, TN

Zip

37215

Country

USA

3. Mailing Address

40 Burton Hills Blvd

Suite, Apt. #, etc.

Suite 200

City & State

Nashville, TN

Zip

37215

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-1994026**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PHILLIPS, CHARLES (CHIP) D**
STREET ADDRESS **20 BURTON HILLS BLVD., SUITE 200**
CITY-ST-ZIP **NASHVILLE TN 37215**

TITLE **S** ☐ Delete
NAME **WOLCOTT, SHANNON**
STREET ADDRESS **20 BURTON HILLS BLVD., SUITE 200**
CITY-ST-ZIP **NASHVILLE TN 37215**

TITLE **AS** ☐ Delete
NAME **BOULDIN, MIKE**
STREET ADDRESS **20 BURTON HILLS BLVD., SUITE 200**
CITY-ST-ZIP **NASHVILLE TN 37215**

TITLE **D** ☐ Delete
NAME **COCHRANE, HAYWOOD JR.**
STREET ADDRESS **20 BURTON HILLS BLVD., SUITE 200**
CITY-ST-ZIP **NASHVILLE TN 37215**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shannon Wolcott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03
Date

(615) 665-9500
Daytime Phone #

CR2E034 (10/02)