2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# J51558

Entity Name: OCCUPATIONAL MEDICAL CENTER, INC.

Current Principal Place of Business:

3270 NW 36TH ST
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3270 NW 36TH ST
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0091889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCORMICK, ARTHUR
7550 RED RD STE 203
S MIAMI, FL 33143 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: P ( ) Delete
Name: ADERMAN, RANDALL M
Address: 3702 ESTEPONA AVE
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete
Name: ADERMAN, RANDALL M
Address: 3702 ESTEPONA AVE
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete
Name: BUNSIC, JANA G DO
Address: 3270 NW 36 ST
City-St-Zip: MIAMI, FL 33142

Title: D (X) Delete
Name: KANE, DAVID H MD
Address: 3270 NW 36 ST
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: KANE, DAVID H MD
Address: 3270 NW 36 ST
City-St-Zip: MIAMI, FL 33142

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

I hereby certify that the information supplied with this filing does not qualify 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: RANDALL ADERMAN MGRD 01/15/2009

Electronic Signature of Signing Officer or Director Date