

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 27, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # K19026**

1. Entity Name  
**OCCUPATIONAL HEALTH PARTNERS, INC.**

Principal Place of Business  
 4 COLUMBIA DRIVE  
 STE 240  
 TAMPA FL 33566

Mailing Address  
 4 COLUMBIA DRIVE  
 STE 240  
 TAMPA FL 33566

2. Principal Place of Business  
 1301 GRASSLANDS BLVD.

3. Mailing Address  
 1301 GRASSLANDS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 LAKELAND FL

City & State  
 LAKELAND FL

4. FEI Number  
**59-2891022**  
 Applied For  
 Not Applicable

Zip Country  
 33803

Zip Country  
 33803

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

INGERSOLL BUCHANAN P.C.  
 401 E. JACKSON STREET  
 STE 2500  
 TAMPA FL 33602

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.

SIGNATURE \_\_\_\_\_ **04/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D  Delete  
 NAME ADAMS ROBERT J  
 STREET ADDRESS 4110 S. FLORIDA AVE, STE 2  
 CITY-ST-ZIP LAKELAND FL 33813

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE STD  Delete  
 NAME HOOD DAVIS S  
 STREET ADDRESS 1968 IOWA AVE  
 CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME FAULK JOSEPH  
 STREET ADDRESS 706 SLOOP POINT LANE  
 CITY-ST-ZIP KURE BEACH NC 28449

TITLE D  Change  Addition  
 NAME PINION JOE  
 STREET ADDRESS 15601 LOCHMABEN AVENUE  
 CITY-ST-ZIP FORT MEYERS FL 33912

TITLE VD  Delete  
 NAME FAULK JOSEPH  
 STREET ADDRESS 3077 SHOAL CREEK VILLAGE DR.  
 CITY-ST-ZIP LAKELAND FL 33803

TITLE STD  Change  Addition  
 NAME SWALSTAD CLAYTON  
 STREET ADDRESS 657 FLAMINGO DRIVE  
 CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE PD  Delete  
 NAME HOUGH JAMES N  
 STREET ADDRESS 3065 SHOAL CREEK VILLAGE DR  
 CITY-ST-ZIP LAKELAND FL 33803

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: JAMES N. HOUGH** CEO **04/27/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)