

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
33566

FL

Mailing Address

4 COLUMBIA DRIVE
STE 240
TAMPA
33566

FL

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
33803

Country

Zip
33803

Country

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2001

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS ROBERT J	
STREET ADDRESS	4110 S. FLORIDA AVE, STE 2	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HOOD DAVIS S	
STREET ADDRESS	1968 IOWA AVE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FAULK JOSEPH	
STREET ADDRESS	706 SLOOP POINT LANE	
CITY-ST-ZIP	KURE BEACH NC 28449	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FAULK JOSEPH	
STREET ADDRESS	3077 SHOAL CREEK VILLAGE DR.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOUGH JAMES N	
STREET ADDRESS	3065 SHOAL CREEK VILLAGE DR	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINION JOE	
STREET ADDRESS	15601 LOCHMABEN AVENUE	
CITY-ST-ZIP	FORT MEYERS FL 33912	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWALSTAD CLAYTON	
STREET ADDRESS	657 FLAMINGO DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)