

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K19026

FILED  
Mar 26, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1301 GRASSLANDS BLVD.  
LAKELAND, FL 33803

**New Principal Place of Business:**

3065 SHOAL CREEK VILLAGE DR  
LAKELAND, FL 33803

**Current Mailing Address:**

PO BOX 1838  
LAKELAND, FL 338021838

**New Mailing Address:**

**FEI Number:** 59-2891022

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUCKEY, WARREN M  
1301 GROSSLANDS BLVD  
LAKELAND, FL 33803 US

**Name and Address of New Registered Agent:**

LUCKEY, WARREN M  
3065 SHOAL CREEK VILLAGE DR  
LAKELAND, FL 33803 US

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: WARREN LUCKEY

03/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOUGH, JAMES N  
Address: 3065 SHOAL CREEK VILLAGE DR  
City-St-Zip: LAKELAND, FL 33803

Title: VPD  
Name: LUCKEY, WARREN M  
Address: 4020 GLEN GARRY RD W  
City-St-Zip: LAKELAND, FL 33813

I hereby 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 all other like empowered.

SIGNATURE: WARREN LUCKEY

VP

03/26/2012

Electronic Signature of Signing Officer or Director

Date