## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** OCCUPATIONAL HEALTH & WELLNESS, INC. Principal Place of Business Mailing Adaress \* JERALD A. FRESHMAN, EGOHRE \* JERALD A. FRESHMAN, ESQUIRE 3399 NW 72 AVENUE #101 3399 NW 72 AVENUE #101 MIAMI FL 33122 MIAMI FL 33122 3. Date Incorporated or Qualified 3a. Date of Last Report 04/18/1989 04/11/1995 2. Principal Place of Business 21 3399 NW 7 FEL Number Applied For 59-2965562 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRESHMAN, JERALD A. 82 Street Address (P.O. Box Number is Not Acceptable) 5975 SUNSET DRIVE SUITE 701 83 **MIAMI FL 33143** 84 City 85 Zip Code FL 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was anthorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am and accept the obligations of, Section 607,0505. Florida Statutes. Signature Specific purdentina de officiale est operating in a little et aggin as s DOFFE Englished Agout's gradule required wine removating. 12 OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIT: F PD DELETE 1 1 TITLE ☐ Change Addition NAME ZIMMERMAN, DR. PAUL 12 NAME 3399 N.W. 72ND AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CHTV - ST. ZIP TITLE DELETE 2 : TIME ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS C-TY-ST-ZIP 2.4 CITY ST-ZIP TITLE DELETE 3 | ∏. € Addition ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3 4 CITY - \$1 - ZIP THILE DELETE 4 1 THELE Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY: ST ZIP 4 4 CITY - ST - ZIF TITLE DELETE 5 1 TiTLE ☐ Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - S1 - ZIF 5.4 CITY - ST - ZIP TITLE DELETE 6 I TITLE Change ☐ Addition NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this aneutof report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

64 CITY-SI ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 (305) 599-9933