2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K82028

FILED Apr 28, 2008 Secretary of State

Entity Name: OCCUPATIONAL HEALTH & WELLNESS, INC.

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3399 NW 1	72ND AVENUI	Ξ			
MIAMI, FL	33122 US				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	. 149 AVENUE 2, FL 33027				
FEI Number	: 59-2965562	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
2901 S.W.	OCHELLE S . 149 AVENUE 2, FL 33027	, SUITE 140 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: Citv-St-Zip:	ZIMMERMAN, 2901 S.W. 149	AVENUE, SUITE 140	Title: (Name: Address: Citv-St-Zip:) Change ()Addition	

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: ROCHELLE S. MATZA CFO 04/28/2008