2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# K89297

Entity Name: FIRST ADVANTAGE OCCUPATIONAL HEALTH SERVICES CORP.

Current Principal Place of Business:

100 CARILLON PARKWAY
ST. PETERSBURG, FL 33716 US

New Principal Place of Business:

12395 FIRST AMERICAN WAY
POWAY, CA 92064 US

Current Mailing Address:

100 CARILLON PARKWAY
ST. PETERSBURG, FL 33716 US

New Mailing Address:

FIRST ADVANTAGE CORPORATION
ATTN: LEGAL DEPT. 100 CARILLON PARKWAY
ST. PETERSBURG, FL 33716 US

FEI Number: 58-1850083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: NALLATHAMBI, ANAND
Address: 12395 1ST AMERICAN WAY
City-St-Zip: POWAY, CA 92064

Title: VPD ( ) Delete
Name: LAMSON, JOHN C
Address: 100 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

Title: COO ( ) Delete
Name: BLACKMON, MYRON
Address: 100 CARILLON PARKWAY
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: SEC ( ) Delete
Name: JARDINE, BRET
Address: 100 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, MD 33716

Title: D ( ) Delete
Name: WATERS, JULIE A
Address: 100 CARILLON PARKWAY
City-St-Zip: SAINT PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: WATERS, JULIE A
Address: 100 CARILLON PARKWAY
City-St-Zip: SAINT PETERSBURG, FL 33716

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: JULIE A. WATERS VPD 04/29/2008
Electronic Signature of Signing Officer or Director Date