



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000002726		
1. Entity Name OCCUPATIONAL HEALTH CONSULTANTS OF AMERICA, LLC		
Principal Place of Business 1500 WATERS RIDGE DR. LEWISVILLE, TX 75057	Mailing Address 1500 WATERS RIDGE DR. LEWISVILLE, TX 75057	
DO NOT WRITE IN THIS SPACE		01072005 No Chg-LLC CR2E083 (10/03)
		4. FEI Number 62-1225250 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORIZON BEHAVIORAL SERVICES, INC. 1500 WATERS RIDGE DR. LEWISVILLE, TX 75057	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		JOHN E PITTS SR VP 01/06/05 972-420-8200 <small>Date Daytime Phone #</small>