2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Nam OCCUPA LLC Principal Plac	TIONAL HEALTH CONSU	ULTANTS OF AMERICA, Mailing Address		Secreta	ry of State
1500 WATER LEWISVILLE,		1500 WATERS RIDGE DR. LEWISVILLE, TX 75057			## ###################################
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DO NOT WRITE IN THIS SPACE			CE	01072005 No Chg-LLC 4. FEI Number	CR2E083 (10/03) Applied For
	•		** **********	62-1225250	Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	- Company - Comp	the same through the same that the same through the same	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				DO NOT WR	RITE
	ION, FL 33324			IN THIS SPA	•••
<u> </u>				na iing sea	·
8. The above	named entity submits this statement ions of registered agent.	for the purpose of changing its registe	red office or register	ed agent, or both, in the State of Florida	a. I am familiar with, and accep
}	- -				
SIGNATURE.	Signature, hand as printed name of registered and	nt and title if applicable (NOTE Registe	and Ament sincon un recoiled	Whom reference	DAYE
}	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Registe	red Agent signature required	when reinstating)	DATE
Fi	Signature, typed or printed name of registered age tiling Fee is \$50.00 ue by May 1, 2005	nt and title if applicable. (NOTE: Registe	red Agent signature required	when reinstasing)	DATE
Fi	iling Fee is \$50.00		red Agent signature regulted	When reinstating)	DATE
9.	lling Fee is \$50.00 ue by May 1, 2005 MANAGING MEME	BERS/MANAGERS	ed Agem signature required		DATE
9.	lling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMB	BERS/MANAGERS	red Agent signature required		DATE
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	lling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMB MGRM HORIZON BEHAVIORAL SERV	BERS/MANAGERS	ed Agent signature required		DATE
9. ITILE NAME STREET ADDRESS	lling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMO MGRM HORIZON BEHAVIORAL SERV 1500 WATERS RIDGE DR.	BERS/MANAGERS	ed Agent signature required		DATE
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11. I hereby certify that the information supplied with this filling 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 it 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: ____

TITLE NAME STREET ADDRESS

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JOHN E PITTS SR VP

01/06/05

972-420-8200

Daytime Phone #