

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000006720****1. Entity Name****OCCUPATIONAL INJURY PREVENTION AND REHABILITATION SOCIETY-FLORIDA, INC.****Principal Place of Business**

1330 S. SHERMAN

LIBERAL
67901

KS

Mailing Address

OIPRS

P.O. BOX 4625

NAPERVILLE

605674625

IL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**39-1871161**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BOUCHER ANDRE**
8153 SW YACHTSMAN DRIVE**STUART**
34997

FL

US

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

05/11/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing**
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| TITLE | TS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|-----------------------|---------------------------------|----------------|---------------------------------|-----------------------------------|
| NAME | DONOHUE CATHY | | NAME | | |
| STREET ADDRESS | 2692 W. WALNUT STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | GARLAND TX 75042 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BROOKINS SUE | | NAME | | |
| STREET ADDRESS | 28 W. 224 OSWEGO RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPERVILLE IL 60540 | | CITY-ST-ZIP | | |
| TITLE | CCVD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BRADBURY SAM | | NAME | | |
| STREET ADDRESS | 1330 S. SHERMAN | | STREET ADDRESS | | |
| CITY-ST-ZIP | LIBERAL KS 67901 | | CITY-ST-ZIP | | |
| TITLE | PCCD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MILLER MARGOT | | NAME | | |
| STREET ADDRESS | 1105 CARLTON AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLOQUET MN 55720 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:**

Sam Bradbury

ccvd

05/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)