


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90351 001 ***150.00

DOCUMENT # P05000068840	
1. Entity Name OCCUPATIONAL HEALTH CARE OF FLORIDA, P.A.	

Principal Place of Business 4455 MEDICAL CENTER WAY WEST PALM BEACH, FL 33407 US	Mailing Address 5080 SPECTRUM DRIVE SUITE 1200 WEST ADDISON, TX 75001 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 77 So. Bedford St. #200 Attn: Corp Tax Dept
City & State	City & State Burlington MA
Zip	Country 01803 Middlesex



01172006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2819341	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGARTY, TOM W M.D. 5080 SPECTRUM DRIVE, SUITE 1200 WEST ADDISON, TX 75001 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOGARTY, TOM W M.D. 5080 SPECTRUM DRIVE, SUITE 1200 WEST ADDISON, TX 75001 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOJKO, ALBERT T M.D. 4455 MEDICAL CENTER WAY WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ELEANOR THOMPSON 5080 SPECTRUM DR, 1200 W TOWER ADDISON TX 75001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-TAX GARY CHEDEREL 77 SO. BEDFORD ST #200 BURLINGTON MA 01803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **GARY CHEDEREL** **4-10-06 781-290-5350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #