

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

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
77 S BEDFORD ST 200
ATTN: CORP TAX DEPT
BURLINGTON, MA 01803 US

\$150.00



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2819341	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000850811
03/25/08-80014-002 150.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOGARTY, TOM W M.D. 5080 SPECTRUM DRIVE, SUITE 1200 WEST ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOJKO, ALBERT T M.D. 4455 MEDICAL CENTER WAY WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, ELEANOR 5080 SPECTRUM DR 1200 W TOWER ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTA CHEDEREL, GARY 77 S BEDFORD ST 200 BURLINGTON, MA 01803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY CHEDEREL

2-29-08

Date

781 240 5350

Daytime Phone #