

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068840

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: OCCUPATIONAL HEALTH CARE OF FLORIDA, P.A.

## Current Principal Place of Business:

4455 MEDICAL CENTER WAY  
WEST PALM BEACH, FL 33407 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

495 OLD CONNECTICUT PATH  
SUITE 220  
FRAMINGHAM, MA 01701 US

FEI Number: 20-2819341 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FOGARTY, TOM W M.D.  
Address: 5080 SPECTRUM DRIVE, SUITE 1200 WEST  
City-St-Zip: ADDISON, TX 75001 US

Title: P ( ) Delete  
Name: FOGARTY, TOM W M.D.  
Address: 5080 SPECTRUM DRIVE, SUITE 1200 WEST  
City-St-Zip: ADDISON, TX 75001 US

Title: VP ( ) Delete  
Name: LOJKO, ALBERT T M.D.  
Address: 4455 MEDICAL CENTER WAY  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: S ( ) Delete  
Name: THOMPSON, ELEANOR  
Address: 5080 SPECTRUM DR 1200 W TOWER  
City-St-Zip: ADDISON, TX 75001

Title: VPTA ( ) Delete  
Name: CHEDEREL, GARY  
Address: 77 S BEDFORD ST 200  
City-St-Zip: BURLINGTON, MA 01803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AVP (X) Change ( ) Addition  
Name: JOLIE, STEVEN  
Address: 495 OLD CONNECTICUT PATH #220  
City-St-Zip: FRAMINGHAM, MA 01701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN JOLIE

AVP

01/06/2009

Electronic Signature of Signing Officer or Director

Date