

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068840

FILED
Mar 23, 2010
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:

495 OLD CONNECTICUT PATH
SUITE 220
FRAMINGHAM, MA 01701 US

New Mailing Address:

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
Name: FOGARTY, TOM W M.D.
Address: 5080 SPECTRUM DRIVE, SUITE 1200 W TOWER
City-St-Zip: ADDISON, TX 75001 US

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEVEN JOLIE

AVP

03/23/2010

Electronic Signature of Signing Officer or Director

Date