

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90116 043 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000082697

1. Corporation Name  
OCCUPATIONAL HEALTH CENTER OF THE GARDENS, INC.

Principal Place of Business 3345 BURNS ROAD SUITE 102 PALM BEACH GARDENS FL 33410 US	Mailing Address 3345 BURNS ROAD SUITE 102 PALM BEACH GARDENS FL 33410 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/03/1993		4. FEI Number 65-0454053		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Additional Fee Required \$8.75 May Be Added to Fees			
9. Name and Address of Current Registered Agent FILINGS INC 3732 NW 16TH STREET FT LAUDERDALE FL 33311				10. Name and Address of New Registered Agent 81 Name Sun J Gabriel 82 Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Rd #204 83 84 City Palm Beach Gardens FL 85 Zip Code 33470					

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSE, CAROLYN	1.2 NAME	
STREET ADDRESS	3345 BURNS ROAD SUITE 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, MITCHELL L	2.2 NAME	
STREET ADDRESS	3345 BURNS ROAD SUITE 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/99 561-694-9675

CR2E034 (11/98)

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