

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000085634 (2)

1. Corporation Name  
BAPTIST/ST. VINCENT'S OCCUPATIONAL HEALTH, INC.



Principal Place of Business: C/O WILLIAM C. MASON, 1301 RIVERPLACE BLVD., SUITE 1700, JACKSONVILLE FL 32207 US

Mailing Address: C/O WILLIAM C. MASON, 1301 RIVERPLACE BLVD., SUITE 1700, JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-28) fields.

3. Date Incorporated or Qualified: 12/15/1993

4. FEI Number: 59-3214040

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent: GRANGER, HARVEY, GENERAL COUNSEL, 1301 RIVERPLACE BLVD., SUITE 1700, JACKSONVILLE FL 32302

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | D<br>RAINES, DIANE                                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1301 RIVERPLACE BLVD., SUITE 1700<br>JACKSONVILLE FL | 1.2 NAME  |   |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DV<br>PARRETT, DONALD O.                             | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1301 RIVERPLACE BLVD., SUITE 1700<br>JACKSONVILLE FL | 2.2 NAME  |   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DP<br>THOMPSON, CAROL C.                             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1301 RIVERPLACE BLVD., SUITE 1700<br>JACKSONVILLE FL | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | ST<br>JACKSON, REBECCA B.                            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1301 RIVERPLACE BLVD., SUITE 1700<br>JACKSONVILLE FL | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | AST<br>PERRY, LINDA                                  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1301 RIVERPLACE BLVD., SUITE 1700<br>JACKSONVILLE FL | 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.

SIGNATURE: \_\_\_\_\_ Rebecca B. Jackson 4-24-98 904/202-4005

CR2E034 (10/97)