

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000018072 (6)

1. Corporation Name

VINCAM OCCUPATIONAL HEALTH SYSTEMS, INC.



Principal Place of Business

2850 DOUGLAS RD.  
CORAL GABLES FL 33134

Mailing Address

2850 DOUGLAS RD.  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
03/08/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0539949

Applied For

Not Applicable

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 has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, CHRISTINA D  
2850 DOUGLAS RD.  
CORAL GABLES FL 33134

81 Name

William F. Cueto

82

Street Address (P.O. Box Number is Not Acceptable)

2850 Douglas Road

83

84

City

Coral Gables

FL

85 Zip Code

33134

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

William F. Cueto, Associate Counsel

4/24/96

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 P ☐ DELETE  
NAME SALADRIGAS, CARLOS A  
STREET ADDRESS 2850 DOUGLAS RD  
CITY-ST-ZIP CORAL GABLES FL

TITLE S ☐ DELETE  
NAME HARRIS, CHRISTINA D  
STREET ADDRESS 2850 DOUGLAS RD  
CITY-ST-ZIP CORAL GABLES FL

TITLE T ☐ DELETE  
NAME SANCHEZ, JOSE M  
STREET ADDRESS 2850 DOUGLAS RD  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE Treasurer & Secretary ☒ Change ☒ Addition  
22 NAME Martin J. Perez  
23 STREET ADDRESS 2850 Douglas Road  
24 CITY-ST-ZIP Coral Gables, FL 33134

31 TITLE Vice President ☒ Change ☐ Addition  
32 NAME Jose M. Sanchez  
33 STREET ADDRESS 2850 Douglas Road  
34 CITY-ST-ZIP Coral Gables, FL 33134

41 TITLE Assistant Secretary ☐ Change ☒ Addition  
42 NAME William F. Cueto  
43 STREET ADDRESS 2850 Douglas Road, Coral Gables, FL 33134  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

(305) 460-2350

Daytime Phone

CR2E034 (12/95)