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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33134-6901

3. Date Incorporated or Qualified 03/08/1994	3a. Date of Last Report 04/30/1996
4. FEI Number 65-0539949	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
CUETO, WILLIAM
2850 DOUGLAS RD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent	
81 Name	Elizabeth J. Keeler, Secretary
82 Street Address (P.O. Box Number is Not Acceptable)	2850 Douglas Road
83	
84 City	Coral Gables FL 33134
85 Zip Code	

11. Pursuant to the provisions of Sections 607.011 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 Elizabeth J. Keeler, Secretary 1/15/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	SALADRIGAS, CARLOS A
STREET ADDRESS	2850 DOUGLAS RD
CITY- ST- ZIP	CORAL GABLES FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	HARRIS, CHRISTINA D
STREET ADDRESS	2850 DOUGLAS RD
CITY- ST- ZIP	CORAL GABLES FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	SANCHEZ, JOSE M
STREET ADDRESS	2850 DOUGLAS RD
CITY- ST- ZIP	CORAL GABLES FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	CUETO, WILLIAM F
STREET ADDRESS	2850 DOUGLAS RD.
CITY- ST- ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Chief Financial Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stephen L. Waechter
1.3 STREET ADDRESS	2850 Douglas Road
1.4 CITY- ST- ZIP	Coral Gables, FL 33134
2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elizabeth J. Keeler
2.3 STREET ADDRESS	2850 Douglas Road
2.4 CITY- ST- ZIP	Coral Gables, FL 33134
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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: Elizabeth J. Keeler, Secretary 1/15/97 (305) 4602354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)