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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90133 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000018072

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1994

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21. SAME  
Suite, Apt. #, etc.

22. City & State

23. City & State  
MIAMI, FL

24. Zip

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. City & State  
MIAMI, FL

30. Zip

31. Country

32. Name and Address of Current Registered Agent

33. Name and Address of New Registered Agent

34. Name

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

36. City

37. Zip Code

38. State

39. Title

40. Name

41. Street Address

42. City

43. State

44. Zip Code

45. Title

46. Name

47. Street Address

48. City

49. State

50. Zip Code

51. Title

52. Name

53. Street Address

54. City

55. State

56. Zip Code

57. Title

58. Name

59. Street Address

60. City

61. State

62. Zip Code

63. Title

64. Name

65. Street Address

66. City

67. State

68. Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SALADRIGAS, CARLOS A

STREET ADDRESS 2850 DOUGLAS RD

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME CFO

NAME RODRIGUEZ, CARLOS

STREET ADDRESS 2850 DOUGLAS ROAD

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME VP

NAME SANCHEZ, JOSE M

STREET ADDRESS 2850 DOUGLAS RD

CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME AS

NAME CUETO, WILLIAM F

STREET ADDRESS 2850 DOUGLAS RD.

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME S

NAME KEELER, ELIZABETH J.

STREET ADDRESS 2850 DOUGLAS ROAD

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME P

NAME CARLEN, JOHN T.

STREET ADDRESS 2850 DOUGLAS ROAD

CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM F. CUETO

ASST. SECRETARY

(305) 630-1000

Daytime Phone #

CR2E034 (11/98)