2001 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2001 8:00 am DOCUMENT # **P94000018072 Secretary of State** VINCAM OCCUPATIONAL HEALTH SYSTEMS, INC. 02-05-2001 90087 050 ***150.00 Principal Place of Business Mailing Address 10200 SUNSET DR 10200 SUNSET DR ** * * * * * * MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0539949 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARSTON, ELIZABETH J. Street Address (P.O. Box Number is Not Acceptable) 10200 SUNSET DR **MIAMI FL 33173** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ;R2E034 (10/00) TITLE Delete TITI F ☐ Change ☐ Addition SALADRIGAS, CARLOS A NAME NAME STREET ADDRESS STREET ADDRESS 10200 SUNSET DR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 TITLE ☐ Delete TITLE ☐ Change ■ Addition **RODRIGUEZ, CARLOS** NAME NAME STREET ADDRESS STREET ADDRESS 10200 SUNSET DR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** TITLE ☐ Delete ☐ Addition NAME SINGER, ROBERT J NAME STREET ADDRESS ONE ADP BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROSELAND NJ 07068 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME CUETO, WILLIAM F STREET ADDRESS STREET ADDRESS 10200 SUNSET DR CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33173 TITLE ☐ Delete TITLE P-2 Change ☐ Addition NAME **BUSKO, GREGORY** NAME STREET ADDRESS STREET ADDRESS 5800 WINDWARD PKWY CITY-ST-ZIP CITY-ST-ZIP <u>Alpharetra ga 30003</u> Delete TITLE CE0 TITLE ☐ Change Addition | scroio Fernandez NAME CAMILL, GREGORY NAME 10200 SUNSE+ Prive STREET ADDRESS STREET ADDRESS 10200 SUNSET DR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 miam: FL 33173

13. 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 report or supplemental 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 11 or Block 12 if

willian does 1-15-01 SIGNATURE:

empowered

changed, or on an attachment with an address, with all other til