FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUN 30 AM 9:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA
-06/30/95--01066--010
****260.00 ****225.00

DOCUMENT # P94000025788 (8)

1. Corporation Name
IN COMPLIANCE, INC. Occupational Health Resources, Inc.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
REX BARBAS 1802 WEST CLEVELAND TAMPA FL 33606	REX BARBAS 1802 WEST CLEVELAND TAMPA FL 33606

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2713 Chambry Lane	26 2713 Chambry Lane
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa Fl	28 City & State: Tampa Fl.
24 Zip: 336 25 Country: Hillsborough	29 Zip: 336 30 Country: Hillsborough

4. FEI Number: ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: JAY WOLFSON, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 804 Eveningside Ct.
83
84 City: Tampa FL 85 Zip Code: 33613

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: Jay Wolfson — 26 June '95
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	DP	1.1 TITLE	Director, Vice President, Sect.	☐ Change ☐ Addition
NAME	GIOVINCO-BARBAS, JOETTE	1.2 NAME		
STREET ADDRESS	1802 WEST CLEVELAND	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606	1.4 CITY-ST-ZIP		
TITLE	~~Director, Presid.~~	2.1 TITLE	Director, President	☐ Change ☑ Addition
NAME		2.2 NAME	Stuart M. Brooks	
STREET ADDRESS		2.3 STREET ADDRESS	2713 Chambry Lane,	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa, Fl 336	
TITLE		3.1 TITLE	Director, Vice Pres, Sect.	☐ Change ☑ Addition
NAME		3.2 NAME	Jay Wolfson	
STREET ADDRESS		3.3 STREET ADDRESS	804 Eveningside Ct.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa, Fl. 33613	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

7/13

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)(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: Jay Wolfson — 26 June '95 — 813-265-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jay Wolfson - V/P Sect

0201760 CP