

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

APPROVED
AND
FILED

96 JAN 29 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029316 (4)

1. Corporation Name

OCCUPATIONAL HEALTH MEDICAL SERVICES OF FLORIDA,
INC.



100001708131

-02/06/96--01101--006

****200.00 ****200.00

Principal Place of Business

Mailing Address

2700 COLORADO AVE.
SANTA MONICA CA 90404
US

2700 COLORADO AVE.
SANTA MONICA CA 90404
US

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number

75-2535719

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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

81 Name

C T Corporation System

82

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

83

84

City
Plantation

FL

85

Zip Code
33324

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

By:

M. T. Fitzpatrick, Asst. Secretary

1-25-96

Signature of authorized agent and type if corporate

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DSVP ☐ DELETE

NAME BROWN, SCOTT M.
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA

1.1 TITLE Secretary ☐ Change ☒ Addition

TITLE P ☐ DELETE

NAME FOCHT, MICHAEL H.
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA

2.1 TITLE ☐ Change ☐ Addition

TITLE EVP ☐ DELETE

NAME MACKEY, THOMAS B.
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA

3.1 TITLE ☐ Change ☐ Addition

TITLE VPT ☐ DELETE

NAME MCMULLEN, TERENCE P.
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA

4.1 TITLE ☐ Change ☐ Addition

TITLE EVP ☐ DELETE

NAME SMITH, W. RANDOLPH
STREET ADDRESS 14001 DALLAS PARKWAY STE. 200
CITY-ST-ZIP DALLAS TX

5.1 TITLE ☐ Change ☐ Addition

TITLE VAS ☒ DELETE

NAME SABATINO JR, THOMAS J
STREET ADDRESS 14001 DALLAS PARKWAY STE. 200
CITY-ST-ZIP DALLAS TX

6.1 TITLE ☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

(310)998-8427

Date

Daytime Phone #

CR2E034 (12/95)