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1997 FEB 10 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000029316 (4)

1. Corporation Name

OCCUPATIONAL HEALTH MEDICAL SERVICES OF FLORIDA,  
INC.

Principal Place of Business

2700 COLORADO AVE.  
SANTA MONICA CA 90404  
US

Mailing Address

2700 COLORADO AVE.  
SANTA MONICA CA 90404-3521  
US



2. Principal Place of Business

21 3820 State Street

2a. Mailing Address

26 c/o Mary H. Yumibe

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Santa Barbara, CA

27 City & State

28 Santa Barbara, CA

24 Zip 93105

Country

25 USA

29 Zip 93105

Country

30 USA

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

01/29/1996

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83 400002082404--7

84 City

02/10/97 01027-822  
\*\*\*165.00 \*\*\*165.00

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
3820 State Street  
14 CITY-ST-ZIP  
Santa Barbara, CA 93105

21 TITLE ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
3820 State Street  
24 CITY-ST-ZIP  
Santa Barbara, CA 93105

31 TITLE ☒ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
2011 Palomar Airport Rd.  
34 CITY-ST-ZIP  
Carlsbad, CA 92009

41 TITLE ☒ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
3820 State Street  
44 CITY-ST-ZIP  
Santa Barbara, CA 93105

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☒ Addition

62 NAME  
63 STREET ADDRESS  
AS  
Alan Lundgren  
3820 State Street  
64 CITY-ST-ZIP  
Santa Barbara, CA 93105

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:

Alan Lundgren, Asst. Sec'y

1/22/97

Date

Daytime Phone #

CR2E034 (9/96)