


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000029316						FILED 04 MAR -3 PM 3:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name OCCUPATIONAL HEALTH MEDICAL SERVICES OF FLORIDA, INC.							
Principal Place of Business 3820 STATE STREET SANTA BARBARA, CA 93105 US				Mailing Address XXXXXX 3820 STATE STREET SANTA BARBARA, CA 93105			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SILVER, RICHARD B 3820 STATE STREET SANTA BARBARA, CA 93105 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary Caitlin M. Larsen 3820 State Street Santa Barbara, CA 93105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEIGMAN, DONALD S 500 W. CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500029822185 03/03/04--01192--001 ***17636.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENT, DENNIS L 3820 STATE STREET SANTA BARBARA, CA 93105 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LARSEN, CAITLIN M 3820 STATE STREET SANTA BARBARA, CA 93105 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Kristina A. Mack 3820 State Street Santa Barbara, CA 93105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Kristina A. Mack</u>				Kristina A. Mack, Asst. Secretary <u>2/20/04</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			