

P95000025276

February 21, 1995

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

000001417730
-02/28/95--01120--003
***131.00 ***131.00

Please file the enclosed corporation, "Case Management Systems, Inc."

Enclosed is \$131.00 for the filing fee and a Certificate of Status.

I can be reached at (407) 248-1188 if you have any questions.

Anita Allbright
Case Management Systems, Inc.
9704 Pines Boulevard
Pembroke Pines, Florida 33025

FILED
95 MAR 27 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DMC
3/29/95

3/01/95

called - no return
call

BOB
3/01/95
need p/o 634
~~205-4734~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 3, 1995

ANITA ALLBRIGHT
CASE MANAGEMENT SYSTEMS, INC.
9704 PINES BLVD.
PEMBROKE PINES, FL 33025

SUBJECT: CASE MANAGEMENT SYSTEMS, INC.
Ref. Number: W95000004734

We have received your document for CASE MANAGEMENT SYSTEMS, INC. and your check(s) totaling \$131.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6929.

Brendolyn Bruton
Corporate Specialist

Letter Number: 095A00009560

ARTICLES OF INCORPORATION
OF
CASE MANAGEMENT SYSTEMS, INC.

FILED
95 MAR 27 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned subscriber to these Articles of Incorporation, a natural person, competent to contract, of legal age, by these presents, hereby form a corporation for profit under the Laws of the State of Florida.

ARTICLE I

CORPORATE NAME

The name of the Corporation shall be:

CASE MANAGEMENT SYSTEMS, INC.

ARTICLE II

DURATION

The Term of Existence of this Corporation shall be perpetual.

ARTICLE III

PURPOSES AND OBJECTIVES

The purpose for which this Corporation is formed, the business and object to be carried on and promoted by it are as follows:

- A) The Corporation is being organized to provide case management services in association with medical treatment services performed by physicians, clinics, home care and hospitals.
- B) Not with standing any other provision of these Articles, the Corporation is hereby authorized to perform any and all business activities under the Laws of the State of Florida.
- C) The Corporation is organized as a Corporation for Profit.

ARTICLE IV

PRINCIPAL ADDRESS AND REGISTERED OFFICE

The street address, city and county of the principal and initial registered office of this Corporation is: 7555 Commerce Center Drive, Orlando, FL 32819

ARTICLE V

INITIAL REGISTERED AGENT

The name of the initial registered agent of this Corporation at such office address is:

Anita L. Allbright 7555 Commerce Center Drive
Orlando, FL 32819

ARTICLES VI

INITIAL BOARD OF DIRECTORS

This Corporation shall have one (1) Director initially. The number of Directors may be either increased or decreased from time to time by action in accordance with the provisions of the By-Laws. The Name and Address of the initial Director of this Corporation is:

Anita L. Allbright 7555 Commerce Center Drive
Orlando, FL 32819

ARTICLE VII

AMENDMENT

These Articles of Incorporation may be amended by a 51% majority vote of the Board of Directors at any special meeting called for that purpose.

ARTICLES VIII

STOCK SHARES

The Corporation is authorized to issue 500 Shares of Common Stock at \$1.00 par value.

ARTICLE IX

SUBSCRIBER

The Name and Address of the subscriber of this Corporation is:

Anita L. Allbright

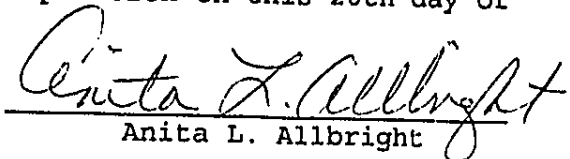
7555 Commerce Center Drive
Orlando, FL 32819

ARTICLE X

DISSOLUTION

In the event of dissolution, the assets of the Corporation will be turned over to the Stockholders. The Board of Directors must pass a 51% majority vote for dissolution of the Corporation at a special meeting called for that purpose.

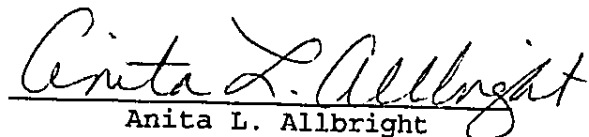
IN WITNESS WHEREOF, The undersigned being the subscriber and incorporator of this Florida Corporation for profit have executed these Articles of Incorporation on this 20th day of February, 1995.


Anita L. Allbright

ARTICLE XI

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent and to accept service on the aforesaid Corporation at the place designated in the Articles of Incorporation, I hereby accept the appointment and agree to act in this capacity. I further agree to comply with the provisions and all statutes in the performance of my duties. I am familiar with and accept the obligations of my position as Agent on this 20th day of February, 1995.


Anita L. Allbright

STATE OF FLORIDA: }
COUNTY OF ORANGE: }

BEFORE ME, the undersigned officer, this date, has personally appeared Anita L. Allbright, to me well known to be the person who executed the foregoing Articles of Incorporation and acknowledge before me, according to law, that made and subscribed the same for the purposes mentioned and set forth.

IN WITNESS my hand and official seal at the County and State aforesaid on this 22nd day of MARCH, 1995.

NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES 12/31/99
BOSTON, MA
MY COMMISSION EXPIRES

Lawrence H. Rhoden
NOTARY OF PUBLIC, STATE
OF FLORIDA AT LARGE
CC126158

P95000025276

October 23rd, 1995

CERTIFIED US MAIL:
Return Receipt Request

Article: # Z-129-282-072

Florida Department of State
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: Articles of Amendment
Case Management Systems, Inc.

100001623501
-10/30/95--01051--004
*****53.75 *****53.75

Dear Sir/Mam:

Please find enclosed the Articles of Amendment for Case Management Systems, Inc. amending its corporate name to that of Occupational HealthCare, Inc. The enclosed check includes a fee for:

- | | |
|---|-------------|
| 1. Fee for the Articles of Amendment. | \$ 35.00 |
| 2. Fee for a copy of the Articles of Incorporation. | 10.00 |
| 3. A certificate of status in the amended name of Occupational HealthCare, Inc. | <u>8.75</u> |

Total amount of the check enclosed is: \$ 53.75

Any questions regarding the enclosed documentation or fee, please contact the undersigned. I appreciate your time in this matter.

Sincerely,



Anita L. Allbright
Subscriber

JMO/al

SH NOV 21 1995

Enclosures: Articles of Amendment
Filing Fees

Address/Phone: 150 N. W. 168th St., Ste 250
No-Miami Bch, FL 33169
(305) 999-0072

Amend.
+
N/C

10-11-95 91 NOV 16 1995
RECEIVED
FILING
DIVISION
SECRETARY OF STATE
TALLAHASSEE, FL 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

CASE MANAGEMENT SYSTEMS, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

ARTICLE ONE: The amended name of the Corporation shall be:

OCCUPATIONAL HEALTHCARE, INC.

ARTICLE THREE: The Purposes and Objectives of the Corporation shall be amended to read:

A) The Corporation is being organized to provide Programs and Services associated with the Workplace, Insurance and Medical Industries.

1. Drug Free Workplace Programs.
2. Workplace Wellness and Fitness Programs.
3. Physician Network for Worker' Compensation Treatment of Injured employees.
4. Training and Education Programs for the Workplace and Medical Providers.
5. Workplace Safety and Procedures Manuals.

B) Remains the same.

C) Remains the same.

ARTICLE FOUR, FIVE, SIX AND NINE: Amended Address for Director, Subscriber, Reg/Agent and Office:
150 N. W. 168th St, Suite 320, North Miami Beach,
Dade County, Florida 33169

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

Prior to amending the Corporate Articles, no stock was issued.

Stock Shares shall be issued in the amended name.

THIRD: The date of each amendment's adoption: October 23rd, 1995

FOURTH: Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.
The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were
sufficient for approval by _____"
voting group

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 23rd of October, 19 95.

Signature Anita L. Allbright
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

ANITA L. ALLBRIGHT

Typed or printed name

Subscriber, Incorporator, Director and Reg/Agent

Title

53 NOV 16 11:01
SECRET

P95000025276

August 4, 1995

Case Management Systems, Inc.
P.O. Box 823304
South Florida, Florida 33082-3304

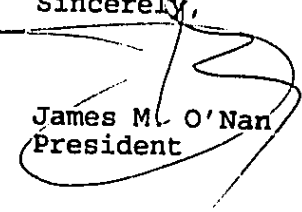
Ms. Sharon Tala
Corporate Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Tala:

Please change the address for Case Management Systems, Inc. to:
P.O. Box 823304, South Florida 33082-3304.

If you have any questions regarding this request I can be
reached at (305) 680-3886.

Sincerely,



James M. O'Nan
President

address
change - BT
P95-25276 8/9

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 OCT 18 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P95000025276**

1 Corporation Name

OCCUPATIONAL HEALTHCARE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 823304
SOUTH FLORIDA FL 33082-3304

P.O. BOX 823304
SOUTH FLORIDA FL 33082-3304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
P. O. Box 823304

3. New Mailing Office Address, If Applicable
Same

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

65-0646056

Not Applicable

City & State

City & State

South Florida, FL

Zip
33082-3304

Country

Broward

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

See the Appendix to this document
for a complete list of options.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
1	ALBRIGHT, ANITA L	150 N.W. 108TH ST, SUITE 320	NORTH MIAMI BEACH FL 33160
			400001988044--8 -10/29/96--01041--021 ****383.75 ****383.75
P/D	James M. O'Nan	4611 So. University Drive Suite, 154	Davie, FL 33328

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ALBRIGHT, ANITA L~~
~~150 N.W. 108TH ST.~~
~~SUITE 320~~
~~NORTH MIAMI BEACH FL 33160~~

Name

James M. O'Nan

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

4611 So. University Drive, Suite 154

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33328

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 10/14/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

CR20040 (7/96)