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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000025276 (3)

1. Corporation Name

OCCUPATIONAL HEALTHCARE, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

10/18/1996

2. Principal Place of Business

21 P. O. Box 550482

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale, FL 33355

24 Zip

33355

Country

25 USA

2a. Mailing Address

26 P. O. Box 550482

Suite, Apt. #, etc.

27 City & State

28 Ft. Lauderdale, FL 33355

29 Zip

33355

Country

30 USA

4. FEI Number

65-0646056

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

O'NAN, JAMES M  
4811 S. UNIVERSITY DR., #154  
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name

Same

82

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

83

84

City

FL

85

Zip Code

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 PD  
NAME O'NAN, JAMES M  
STREET ADDRESS 4811 S. UNIVERSITY DR., #154  
CITY-ST-ZIP DAVIE FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/T  
1.2 NAME D. P. Wetzel  
1.3 STREET ADDRESS 4611 S. University Dr, Suite 202  
1.4 CITY-ST-ZIP Davie, FL 33328

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 change is on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. O'NAN

Date

Daytime Phone #

2/26/97 954-686-4088

CR2E034 (9/96)