

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025276

1. Entity Name

OCCUPATIONAL HEALTHCARE, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90856 042 ***150.00

Principal Place of Business

Mailing Address

PO BOX 550482
FT LAUDERDALE FL 33355
US

PO BOX 550482
FT LAUDERDALE FL 33355-0482
US

A0069380



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6191 W. Atlantic Blvd.

3. Mailing Address

P. O. Box 771447

Suite, Apt. #, etc.

Suite 5

Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Coral Springs, FL

Zip
33063

Country

Broward

Zip
33077-1447

Country

Broward

4. FEI Number

65-0646056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'NAN, JAMES M
4611 S. UNIVERSITY DR.
SUITE 202
DAVIE FL 33328

Name

James M. O'Nan

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

6191 W. Atlantic Blvd., Ste 5

City

Margate,

FL

Zip Code
33063

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WENTZEL, D.P.
4611 S UNIVERSITY DR SUITE 202
DAVIE FL 33328 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary, Director
D. P. Wetzel
6191 W. Atlantic Blvd., Ste 5
Margate, FL 33063 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
O'NAN, JAMES M
4611 S. UNIVERSITY DR. SUITE 202
DAVIE FL 33328 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Director
James M. O'Nan
6191 W. Atlantic Blvd., Ste 5
Margate, FL 33063 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES M. O'NAN, PRES

4/27/2000

954-972-2278

CR2E034 (9/99)