

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90442 021 ***150.00

DOCUMENT # P95000025276

1. Entity Name

OCCUPATIONAL HEALTHCARE, INC.

Principal Place of Business

**6191 W ATLANTIC BLVD
STE 5
MARGATE FL 33063
US**

Mailing Address

**PO BOX 771447
CORAL SPRINGS FL 33077-1447
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
6191 W ATLANTIC BLVD
STE 5
MARGATE FL 33063**

Name

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

City

FL

Zip Code

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

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, 2001 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	SD WENTZEL, D.P. 6191 W ATLANTIC BLVD STE 5 MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'NAN, JAMES M 6191 W ATLANTIC BLVD STE 5 MARGATE FL 33063	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

JAMES M. O'NAN, President 4/22/01 952-2278**C0062180**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)