

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90040 044 \*\*\*158.75

DOCUMENT # P96000003949

1. Corporation Name

WORKER'S HEALTH CARE CLINIC, INC.



Principal Place of Business

4506 L.B. MCLEOD RD.  
SUITE F  
ORLANDO FL 32811

Mailing Address

PO BOX 53-6576  
ORLANDO FL 32853-6576

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

59-3353026

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 owes the current year Intangible  
Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

21 2405 SE 17TH STREET

Suite, Apt. #, etc.

22 SUITE 201

City & State

23 OCALA FL

Zip

24 34471

Country

25 USA

2a. Mailing Address

26 2405 SE 17TH ST

Suite, Apt. #, etc.

27 SUITE 201

City & State

28 OCALA FL

Zip

29 34471

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

WINDY A. KEMP

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

2405 SE 17TH STREET

83

SUITE 201

84

City OCALA

FL

85 Zip Code

34471

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.

WINDY A. KEMP TREASURER

(NOTE: Registered Agent signature required when reinstating)

3/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME GRIGGS, STEPHEN P  
STREET ADDRESS 4506 L.B. MCLEOD RD., STE. F  
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE VP  
NAME ZIOMEK, JANET L  
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F  
CITY-ST-ZIP ORLANDO FL 32811

☒ DELETE

TITLE S  
NAME NOVELL, N. SCOTT  
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F  
CITY-ST-ZIP ORLANDO FL 32811

☒ DELETE

TITLE D  
NAME LEVIN, MARC  
STREET ADDRESS 10065 RED RUN BLVD.  
CITY-ST-ZIP OWINGS MILLS MD 21117

☒ DELETE

TITLE D  
NAME ELKINS, MARSHALL  
STREET ADDRESS 10065 RED RUN BLVD.  
CITY-ST-ZIP OWINGS MILLS MD 21117

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D/P  
GARY A. THURSTON

2405 SE 17TH STREET SUITE 201  
OCALA FLORIDA 34471

☐ Change

☒ Addition

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

D/S/T  
WINDY A. KEMP

2405 SE 17TH STREET SUITE 201  
OCALA FLORIDA 34471

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

14. 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 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 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

WINDY A. KEMP

3/22/99

Date

(352) 690-2171

Daytime Phone #

0106999

CDEN24 141081