

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90327 039 \*\*\*158.75

**DOCUMENT # P96000003949**

1. Entity Name  
**WORKER'S HEALTH CARE CLINIC, INC.**

Principal Place of Business

2405 SE 17TH ST.  
 SUITE 201  
 OCALA FL 34471

Mailing Address

2405 SE 17TH ST.  
 SUITE 201  
 OCALA FL 34471

2. Principal Place of Business

**825 SE 3RD AVE**

3. Mailing Address

**825 SE 3RD AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**OCALA FLORIDA**

City & State

**OCALA FLORIDA**

4. FEI Number

**59-3353026**

Applied For

Not Applicable

Zip

**34471**

Country

**U.S.**

Zip

**34471**

Country

**U.S.**

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

**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**1604 HAYS STREET, SUITE #2**  
**TALLAHASSEE FL 32301**

Name

**WINDY A. KEMP**

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

**825 SE 3RD AVE.**

City

**OCALA,**

**FL**

Zip Code

**34471**

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)

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**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  
**DP**  
**THURSTON, GARY A**  
**2405 SE 17TH ST., SUITE 201**  
**OCALA FL 34471**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**825 SE 3RD AVENUE**  
**OCALA FLORIDA 34471**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DST**  
**KEMP, WINDY A**  
**2405 SE 17TH ST., SUITE 201**  
**OCALA FL 34471**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**825 SE 3RD AVENUE**  
**OCALA FLORIDA 34471**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 STREET ADDRESS  
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☐ 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 on 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

**4/26/01**

Date

Daytime Phone #

**Windy A. Kemp**  
**CFO/Treasurer**  
**(352) 629-7979**

CR2E034 (10/00)