

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 28, 2000 8:00 am  
Secretary of State

08-28-2000 90037 028 \*\*\*550.00

DOCUMENT # P96000088099

1. Entity Name

FLORIDA OCCUPATIONAL HEALTH GROUP, INC.

Principal Place of Business

1300 S. HARBOR CITY BLVD.

1  
MELBOURNE FL 32901  
US

Mailing Address

1924 GIROUX DRIVE NE  
PALM BAY FL 32905

2. Principal Place of Business

1600 Sarno Road

3. Mailing Address

1600 Sarno Road

Suite, Apt. #, etc.

# 116

Suite, Apt. #, etc.

Suite # 16

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32935

Country

USA

Zip

32935

Country

USA

4. FEI Number

59-3416681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETERSON, JON N  
1924 GIROUX DRIVE NE  
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name

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

1600 Sarno Road, Suite #16

City

Melbourne, FL

FL

Zip Code

32935

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE: CEO  
NAME: PETERSON, JON N  
STREET ADDRESS: 1924 GIROUX DRIVE NE  
CITY-ST-ZIP: PALM BAY FL

TITLE: P  
NAME: TUNER, DR. DARYL  
STREET ADDRESS: 1300 S. HARBOR CITY BLVD., STE. 1  
CITY-ST-ZIP: MELBOURNE FL

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

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NAME:   
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CITY-ST-ZIP:   
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Co-Chair  
NAME: Peterson, Jon N.  
STREET ADDRESS: 1600 Sarno Road, Suite #16  
CITY-ST-ZIP: Melbourne, FL 32935  
☒ Change ☐ Addition

TITLE: Co-Chair  
NAME: Turner, Dr. Daryl M.  
STREET ADDRESS: 1600 Sarno Road, Suite #16  
CITY-ST-ZIP: Melbourne, FL 32935  
☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
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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

8/24/2000

Date

Daytime Phone #

CR2E034 (5/00)