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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000001152**

1. Corporation Name
OCCUPATIONAL HEALTH PARTNERS, INC.

Principal Place of Business
1301 Grasslands Boulevard
Lakeland, FL 33803

Mailing Address
1301 Grasslands Boulevard
Lakeland, FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1/6/98, Effective 12/31/97

2. Principal Place of Business
21 **1400 Grasslands Blvd.**
Suite, Apt. #, etc.
22 **Suite 20**
City & State
23 **Lakeland, FL**
Zip 24 **33803** Country 25 **USA**

2a. Mailing Address
26 **1400 Grasslands Blvd.**
Suite, Apt. #, etc.
27 **Suite 20**
City & State
28 **Lakeland, FL**
Zip 29 **33803** Country 30 **USA**

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

9. Name and Address of Current Registered Agent
Darrell C. Smith
101 E. Kennedy Blvd.
Suite 2800
Tampa, FL 33672-0609

10. Name and Address of New Registered Agent
81 Name
Buchanan Ingersoll Professional Corporation
82 Street Address (P.O. Box Number is Not Acceptable)
401 E. Jackson Street
83 **Suite 2500**
84 City **Tampa** **FL** 85 Zip Code **33602**

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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE **John S. Schwartz, Its Agent** **10/8/98**
Signature of the president or other officer of corporation, if any, and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[ ] Change [X] Addition **D/P/S/T** **James N. Hough** **1400 Grasslands Blvd., Suite 20** **Lakeland, FL 33803**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[ ] Change [X] Addition **D** **Joseph G. Faulk** **706 Sloop Pointe Lake** **Kure Beach, NC 28449**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition 300002663853 -10/14/98--01071--022 ***558.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition JJ 10-14

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 attached sheet with an address.

SIGNATURE: **James N. Hough, Pres.** **10/9/98** **941-616-1034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CR2E034 (10/97)