

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000050034

FILED  
Apr 19, 2002 8:00 AM  
Secretary of State

Entity Name: OCCUPATIONAL HEALTH SYSTEMS, INC.

## Current Principal Place of Business:

ONE PURLIEU PLACE  
SUITE 295  
WINTER PARK, FL 32792

## New Principal Place of Business:

## Current Mailing Address:

ONE PURLIEU PLACE  
SUITE 295  
WINTER PARK, FL 32792

## New Mailing Address:

FEI Number: 59-3579376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAN FIUPPO, R.DAVID  
ONE PURLIEU PLACE  
SUITE 295  
WINTER PARK, FL 32792

## Name and Address of New Registered Agent:

SAN FIUPPO, R. DAVID PH.D.  
ONE PURLIEU PLACE  
SUITE 295  
WINTER PARK, FL 32792

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: R. DAVID SAN FILIPPO

04/19/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SAN FILIPPO, DAVID R  
Address: ONE PURLIEU PLACE, SUITE 280  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: RAMOS, LUIS A  
Address: 7943 SNOWBERRY CIRCLE  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SAN FILIPPO, DAVID R PH.D.  
Address: ONE PURLIEU PLACE, SUITE 280  
City-St-Zip: WINTER PARK, FL 32792

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. DAVID SAN FILIPPO

D

04/19/2002

Electronic Signature of Signing Officer or Director

Date