

FO 2000000963

CORPORATION(S) NAME

1) Occupational Health Consultants of America, Inc.

2) Occupational Health Consultants of America, Inc.

Fictitious Name: Resource EAP, Inc.

FILED  
02 FEB 22 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILE FIRST

- Profit
- Nonprofit
- Foreign
- Limited Partnership
- LLC
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Reinstatement
- Annual Report
- Name Registration
- Fictitious Name
- Photocopies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of RA
- UCC
- CUS
- After 4:30
- Pick Up

RECEIVED  
02 FEB 22 PM 12:44  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

2/22/02

Order#: 5125371  
200004991602--4  
-02/22/02--01053--022  
Ref#: \*\*\*\*\*70.00 \*\*\*\*\*70.00

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED  
02 FEB 22 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Occupational Health Consultants of America, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like, import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Tennessee (State or country under the law of which it is incorporated) 3. 62-1225250 (FEI number, if applicable)

4. September 14, 1983 (Date of incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1500 Waters Ridge Drive  
Lewisville, Texas 75057  
(Current mailing address)

8. Mental health services  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

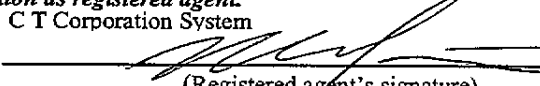
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System  
  
(Registered agent's signature) Michael E. Jones  
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

FILED  
02 FEB 22 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: James W. McAtee

Address: 1500 Waters Ridge Drive

Lewisville, Texas 75057

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Linda Laitner

Address: 1500 Waters Ridge Drive

Lewisville, Texas 75057

Vice President: James W. McAtee

Address: 1500 Waters Ridge Drive

Lewisville, Texas 75057

Secretary: James W. McAtee

Address: 1500 Waters Ridge Drive

Lewisville, Texas 75057

Treasurer: Ronald C. Drabik

Address: 1500 Waters Ridge Drive

Lewisville, Texas 75057

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Linda Laitner  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Linda Laitner, President  
(Typed or printed name and capacity of person signing application)

**Secretary of State  
Division of Business Services**

**312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, Tennessee 37243**

ISSUANCE DATE: 02/21/2002  
REQUEST NUMBER: 020520580  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 09/14/1983  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0132863  
JURISDICTION: TENNESSEE

02 FEB 22 PM 3:22  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO:  
TSIO  
PO BOX 330001  
NASHVILLE, TN 37203

REQUESTED BY:  
TSIO  
PO BOX 330007  
NASHVILLE, TN 37203

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT  
"OCCUPATIONAL HEALTH CONSULTANTS OF AMERICA, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 02/21/02

FROM:  
TSIO  
SUITE 400  
1900 CHURCH STREET  
NASHVILLE, TN 37203-0000

	FEE	
RECEIVED:	\$80.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$80.00

RECEIPT NUMBER: 00003014952  
ACCOUNT NUMBER: 00333725



SS-4458

*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE