FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30164** **(8)**

1. Corporation Name

OCCUPATIONAL-URGENT CARE HEALTH SYSTEMS, INC.

Principal Place of Business	Mailing Address
750 RIVERPOINT DR ATTN: A/P 000032449 WEST SACRAMENTO CA 95605 US	3200 HIGHLAND AVE. ATTN: A/P 000032449 LEGAL DEPT. DOWNERS GROVE IL 60515

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/11/1990**
3a. Date of Last Report: **04/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 ATTN: LEGAL DEPT.
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **94-2859210** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, JAMES C.	12 NAME	
STREET ADDRESS	3200 HIGHLAND AVE	13 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PRITZKER, THOMAS S	22 NAME	
STREET ADDRESS	200 W. MADISON ST, 38TH FLOOR	23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP	
TITLE	TS	31 TITLE	- TAS ☒ Change ☐ Addition
NAME	WHITTERS, JOSEPH E.	32 NAME	
STREET ADDRESS	3200 HIGHLAND AVE	33 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☒ Change ☐ Addition
NAME	GALOWICH, RONALD H. ESQ.	42 NAME	
STREET ADDRESS	350 N LASALLE ST #1100	43 STREET ADDRESS	200 W. MADISON ST., STE. 2800
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	HOLZMAN, WILLIAM M. ESQ.	52 NAME	
STREET ADDRESS	TWO N LASALLE ST	53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BRUNNER, DANIEL S.	62 NAME	
STREET ADDRESS	750 RIVERPOINT DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	W. SACRAMENTO CA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attachment with an address.

SIGNATURE: Joseph E. Whitters 4/24/95 708-241-7919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477806 FP