

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P30164** (8)
1. Corporation Name
OCCUPATIONAL-URGENT CARE HEALTH SYSTEMS, INC.



Principal Place of Business
**750 RIVERPOINT DR
ATTN: A/P 00032449
WEST SACRAMENTO CA 95805
US**

Mailing Address
**3200 HIGHLAND AVE.
ATTN: LEGAL DEPT.
DOWNERS GROVE IL 60515
US**

3. Date Incorporated or Qualified
07/11/1990

3a. Date of Last Report
05/01/1995

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

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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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

Signature, typed or printed name of registered agent and fiduciary (if applicable)

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES C.	
STREET ADDRESS	3200 HIGHLAND AVE	
CITY-STATE-ZIP	DOWNERS GROVE IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRITZKER, THOMAS S	
STREET ADDRESS	200 W. MADISON ST, 38TH FLOOR	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	WHITTERS, JOSEPH E.	
STREET ADDRESS	3200 HIGHLAND AVE	
CITY-STATE-ZIP	DOWNERS GROVE IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GALOWICH, RONALD H. ESQ.	
STREET ADDRESS	200 W. MADISON STREET SUITE 2800	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HOLZMAN, WILLIAM M. ESQ.	
STREET ADDRESS	TWO N LASALLE ST	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUNNER, DANIEL S.	
STREET ADDRESS	750 RIVERPOINT DRIVE	
CITY-STATE-ZIP	W. SACRAMENTO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph E. Whitters

2/16/96

708-241-7900

CR2E034 (12/95)