



Rule 12g3 - 2b exemption  
File No.: **82 - 5174**  
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Occupational & Medical Innovations Limited  
ABN 11 091 192 871  
Unit 1/12 Booran Drive Slacks Creek Q 4127  
PO Box 2150 Logan City BC Q 4114  
Phone +61 7 3209 3099 Fax +61 7 3209 4765  
Email info@omild.com Web www.omild.com

Monday January 20, 2003.

US Securities and Exchange Commission  
Attn. Filing Desk  
450 Fifth Street N.W.  
Washington DC 20549  
United States of America



SUPPL

Dear Sir/Madam,

Re: Items lodged with the Australian Stock Exchange

Please find enclosed the following documents that have recently been lodged with the Australian Stock Exchange.

ITEM	DATE LODGED	DESCRIPTION
1	13 January, 2003	Company Announcement: Retirement of Director
2	20 January, 2003	Australian Securities & Investments Commission: Form 304

Should you require any additional information, please do not hesitate to contact me.

Yours faithfully,

BEN GRAHAM  
Administration Co-Ordinator.

PROCESSED

FEB 11 2003

THOMSON  
FINANCIAL



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**Occupational & Medical  
Innovations Limited**

A.B.N. 11 091 192 871



Unit 1, 12 Booran Drive  
SLACKS CREEK QLD 4127

PO Box 2150  
LOGAN CITY BC QLD 4114

Ph: 07 3209 3099 Fax: 07 3299 4765

13 January 2003

ASX Company Announcements Office  
1300 300 021

Occupational & Medical Innovations Limited advises that because of business and family commitments Mr. Bill Grady is retiring as a director of the Company.

The Board and staff of Occupational & Medical Innovations Limited would like to thank Bill for his input since the Company listed on the Australian Stock Exchange and wish him well for the future.

A handwritten signature in black ink, appearing to read 'D Jenkins', written in a cursive style.

David Jenkins  
Company Secretary

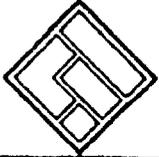


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ASIC registered agent number \_\_\_\_\_  
 lodging party or agent name David Jenkins  
 office, level, business name or PO Box no. GPO Box 1627  
 street number & name \_\_\_\_\_  
 suburb/city Brisbane state/territory Qld postcode 4001  
 telephone (07) 3229-0241  
 facsimile (07) 3229-4766  
 DX number \_\_\_\_\_ suburb/city \_\_\_\_\_

ASS CASII PROC	<input type="checkbox"/>	MEMO- REGP	<input type="checkbox"/>
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Australian Securities & Investments Commission

Notification of change to officeholders

form **304**  
 Corporations Act 2001  
 265B & 601CV(1)

corporation name Occupational & Medical Innovations Limited.  
 ACN or ARBN 091 192 871

New appointment

Give details below of the person(s) who have consented in writing to become a director and/or secretary of the company. A public company must have a minimum of 3 directors (2 resident in Australia) and 1 secretary (resident in Australia). A proprietary company must have a minimum of 1 director (resident in Australia). The office of secretary is optional, but if appointed one must reside in Australia.

family name \_\_\_\_\_ given names \_\_\_\_\_  
 former names \_\_\_\_\_  
 residential address \_\_\_\_\_  
 suburb/city \_\_\_\_\_ state/territory \_\_\_\_\_ postcode \_\_\_\_\_  
 country (if not Australia) \_\_\_\_\_  
 date of birth (d/m/y) / / place of birth (town/city) \_\_\_\_\_ (state/country) \_\_\_\_\_  
 office held & date appointed  director / /  secretary / /  
 alternate director  alternate for: \_\_\_\_\_ effective dates: from / / to / /

The Terms of Appointment of an Alternate Director must be provided with this notification. These are attached in the annexure marked ( ). See guide to this form for annexure requirements.

family name \_\_\_\_\_ given names \_\_\_\_\_  
 former names \_\_\_\_\_  
 residential address \_\_\_\_\_  
 suburb/city \_\_\_\_\_ state/territory \_\_\_\_\_ postcode \_\_\_\_\_  
 country (if not Australia) \_\_\_\_\_  
 date of birth (d/m/y) / / place of birth (town/city) \_\_\_\_\_ (state/country) \_\_\_\_\_  
 office held & date appointed  director / /  secretary / /  
 alternate director  alternate for: \_\_\_\_\_ effective dates: from / / to / /

The Terms of Appointment of an Alternate Director must be provided with this notification. These are attached in the annexure marked ( ). See guide to this form for annexure requirements.

family name \_\_\_\_\_ given names \_\_\_\_\_  
 former names \_\_\_\_\_  
 residential address \_\_\_\_\_  
 suburb/city \_\_\_\_\_ state/territory \_\_\_\_\_ postcode \_\_\_\_\_  
 country (if not Australia) \_\_\_\_\_  
 date of birth (d/m/y) / / place of birth (town/city) \_\_\_\_\_ (state/country) \_\_\_\_\_  
 office held & date appointed  director / /  secretary / /  
 alternate director  alternate for: \_\_\_\_\_ effective dates: from / / to / /

The Terms of Appointment of an Alternate Director must be provided with this notification. These are attached in the annexure marked ( ). See guide to this form for annexure requirements.

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**Ceasing to hold office**

family name	Grady	given names	William Allan
date of birth (d/m/y)	28/2/1947	place of birth	Blackheath N.S.W.
date ceased (d/m/y)	13/1/03	office held	<input checked="" type="checkbox"/> director <input type="checkbox"/> secretary <input type="checkbox"/> alternate director for:
family name		given names	
date of birth (d/m/y)	/ /	place of birth	
date ceased (d/m/y)	/ /	office held	<input type="checkbox"/> director <input type="checkbox"/> secretary <input type="checkbox"/> alternate director for:
family name		given names	
date of birth (d/m/y)	/ /	place of birth	
date ceased (d/m/y)	/ /	office held	<input type="checkbox"/> director <input type="checkbox"/> secretary <input type="checkbox"/> alternate director for:

**Change of name or address of officeholder**

family name (previously notified)		given names	
date of birth (d/m/y)	/ /	Is this person also an alternate director?	<input type="checkbox"/> (please tick, if yes)
new name (if changed)			
date of change (d/m/y)	/ /		
new address (if changed)	unit, level, building name		
	street number & name		
	suburb/city	state/territory	postcode
	country (if not Australia)	date of change (d/m/y)	/ /
family name (previously notified)		given names	
date of birth (d/m/y)	/ /	Is this person also an alternate director?	<input type="checkbox"/> (please tick, if yes)
new name (if changed)			
date of change (d/m/y)	/ /		
new address (if changed)	unit, level, building name		
	street number & name		
	suburb/city	state/territory	postcode
	country (if not Australia)	date of change (d/m/y)	/ /

\*NB: If insufficient space, set out details in an annexure - Annexures must conform to requirements. (Refer Guide)

**Signature**

I certify that the information in this form is true and correct.

print name	David Jenkins	capacity	Director
sign here	<i>Jenkins</i>	date	17/1/03

Small Business (less than 20 employees), please provide an estimate of the time taken to complete this form

**include**

The time actually spent reading the instructions, working on the question and obtaining the information

The time spent by all employees in collecting and providing this information

hrs mins