

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90020 044 ***158.75



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1. Entity Name
OXFORD OF SOUTH CAROLINA, INC.

Principal Place of Business
**222 PIEDMONT AVENUE NE
 ATLANTA, GA 30308**

Mailing Address
**222 PIEDMONT AVENUE NE
 ATLANTA, GA 30308**



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2403944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

**DO NOT WRITE
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANIER, HICKS J 222 PIEDMONT AVE NE ATLANTA, GA 30308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRASSMYER, SCOTT 222 PIEDMONT AVENUE NE ATLANTA, GA 30308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANIER, J.R. JR 222 PIEDMONT AVENUE NE ATLANTA, GA 30308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EASTON, TIFFANY W 222 PIEDMONT AVE NE ATLANTA, GA 30308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HEATON, MARY M 222 PIEDMONT AVENUE NE ATLANTA, GA 30308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHUBB, THOMAS C III 222 PIEDMONT AVENUE NE ATLANTA, GA 30308

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tiffany W. Easton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tiffany W. Easton

4/11/07

Date

404-659-2424

Daytime Phone #