

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027918

FILED
Apr 26, 2004
Secretary of State

Entity Name: NFOFS HOLDINGS II, LLC

Current Principal Place of Business:

4131 UNIVERSITY BOULEVARD SOUTH STE. 1
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4131 UNIVERSITY BOULEVARD SOUTH STE. 1
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 57-1136350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, RONALD W
4131 UNIVERSITY BOULEVARD SOUTH STE. 1
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HARTLEY, GREGORY W DMD
Address: 4131 UNIVERSITY BOULEVARD SOUTH STE. 1
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: WOODS, DAVID D DMD
Address: 4131 UNIVERSITY BOULEVARD SOUTH STE. 1
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: GROSHAN, GREGORY J DMD
Address: 4131 UNIVERSITY BOULEVARD SOUTH STE. 1
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: O'BRIEN, DAVID A DMD
Address: 4131 UNIVERSITY BOULEVARD SOUTH STE. 1
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID A O'BRIEN DMD

MGRM

04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date