
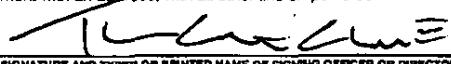


2004 FOR PROFIT CORPORATION ANNUAL REPORT

F98000006669

DOCUMENT # F98000006669 1. Entity Name OXFORD OF SOUTH CAROLINA, INC.			FILED MAY 27 PM 3:25 TALLAHASSEE, FLORIDA 66420545 05/13/04 90461 011 300.00
Principal Place of Business 222 PIEDMONT AVENUE NE ATLANTA, GA 30308	Mailing Address 222 PIEDMONT AVENUE NE ATLANTA, GA 30308		04222004 No Chg-P CR2E034 (10/03) TK
DO NOT WRITE IN THIS SPACE			4. FEI Number 58-2403944
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANIER, J. H 222 PIEDMONT AVENUE NE ATLANTA, GA 30308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLOUNT, BENJAMIN B JR 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 CHUBB, THOMAS C 222 PIEDMONT AVENUE 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	(Empty)		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		4/29/04 404-659-2424 Date Daytime Phone #	