

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-12-2007 90020 044 \*\*\*158.75

**DOCUMENT # F98000006669**

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

**DO NOT WRITE IN THIS SPACE**



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number

58-2403944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Tiffany W. Easton

4/11/07

404-659-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #