


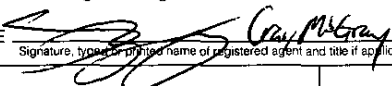
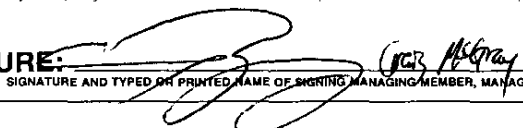
**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90213 032 \*\*\*\*50.00

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DOCUMENT # L02000008786			
1. Entity Name FLORIDA OFSC, LLC			
Principal Place of Business 549 HEALTH BLVD. DAYTONA BEACH, FL 32117 US		Mailing Address 549 HEALTH BLVD. DAYTONA BEACH, FL 32117 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
02262004		Chg-LLC CR2E083 (10/03)	
4. FEI Number 02-0583933		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PALMETTO CHARTER SERVICES, INC. 450 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114		Name: John O. Akers Street Address (P.O. Box Number is Not Acceptable): 549 Health Blvd. Daytona Beach, FL 32114 City: FL Zip Code:	
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 4/5/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete	NAME FLOUCHAUS, PHILIP T	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Fleuchaus, Philip T.
STREET ADDRESS 549 HEALTH BLVD.	CITY-ST-ZIP DAYTONA BEACH, FL 32115	STREET ADDRESS 549 Health Blvd.	CITY-ST-ZIP Daytona Beach, FL 32114
TITLE MGR <input type="checkbox"/> Delete	NAME SCHALIT, CURTIS	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 549 Health Blvd.
STREET ADDRESS 855 MASON AVENUE	CITY-ST-ZIP DAYTONA BEACH, FL 32117	STREET ADDRESS 549 Health Blvd.	CITY-ST-ZIP Daytona Beach, FL 32114
TITLE MGR <input type="checkbox"/> Delete	NAME AKERS, JOHN O	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 549 Health Blvd.
STREET ADDRESS 855 MASON AVENUE	CITY-ST-ZIP DAYTONA BEACH, FL 32117	STREET ADDRESS 549 Health Blvd.	CITY-ST-ZIP Daytona Beach, FL 32114
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
11. 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 is true and accurate and that my 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: 		DATE 4/5/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # (384) 239-3573	