

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021467

FILED
Jan 14, 2004
Secretary of State

Entity Name: OMS COBRA SERVICE, L.L.C.

Current Principal Place of Business:

202 N MASSACHUSETTS AVENUE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

202 N MASSACHUSETTS AVENUE
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 54-2068984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALE, GREGORY
202 N MASSACHUSETTS AVENUE
LAKELAND, FL 33801 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SALE, GREG
Address: 202 N MASSACHUSETTS AVE
City-St-Zip: LAKELAND, FL 33801

Title: MGR () Change (X) Addition
Name: MILES, JEFF
Address: 202 N MASSACHUSETTS AVE
City-St-Zip: LAKELAND, FL 33801

Title: MGR () Change (X) Addition
Name: CLEGHORN, BOB
Address: 202 N MASSACHUSETTS AVE
City-St-Zip: LAKELAND, FL 33801

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: BOB CLEGHORN

MGR

01/14/2004

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