

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014858

FILED
Apr 21, 2004
Secretary of State

Entity Name: OXYGEN REHAB LEASING LLC

Current Principal Place of Business:

11621 KEW GARDENS AVE., STE. 109
WEST PALM BEACH, FL 33410

New Principal Place of Business:

11621 KEW GARDENS AVE., STE. 109
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

11621 KEW GARDENS AVE., STE. 109
WEST PALM BEACH, FL 33410

New Mailing Address:

11621 KEW GARDENS AVE., STE. 109
PALM BEACH GARDENS, FL 33410

FEI Number: 65-1002706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THEOFILOS, KATHRYN K
11621 KEW GARDENS AVE., STE. 109
WEST PALM BEACH, FL 33410

Name and Address of New Registered Agent:

THEOFILOS, KATHRYN K
11621 KEW GARDENS AVE., STE. 109
PALM BEACH GARDENS, FL 33410

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: KATHRYN K THEOFILOS

04/21/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: THEOFILOS, KATHRYN K
Address: 11621 KEW GARDENS AVENUE, STE 109
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: KATHRYN K THEOFILOS

MGR

04/21/2004

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