FILED
Jun 14, 2004 8:00 am
Secretary of State

5/3

05-03-2004 90119 035 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000029577

1. Entity Name
OXFORD MEDICAL GROUP, LLC

34008625

04092004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
1998 SOUTH EAST 17TH COURT POMPANO BEACH, FL 33062	1998 SOUTH EAST 17TH COURT POMPANO BEACH, FL 33062

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 32-0088330 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
STEFFINE, MARK A
1998 SOUTH EAST 17TH COURT
POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	~~Member~~ MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Steffine, Mark A.	NAME	
STREET ADDRESS	1998 South East 17th Court	STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, FL 33062	CITY-ST-ZIP	
TITLE	~~Member~~ MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Soos, Thomas P.	NAME	
STREET ADDRESS	926 Broadhead Road, Ste#4	STREET ADDRESS	
CITY-ST-ZIP	Moon Twp, PA 15108	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Thomas P. Soos April 29 2004 877-944-7711 x802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
34008625
#L03000029577
COPY

Subject: Oxford LLC
Date: Wed, 19 May 2004 09:56:54 -0400
From: "Robin M. Ryan" <ryan@gyf.com>
To: <tomsoos@earthlink.net>
CC: "Jeffrey A. Ford" <ford@gyf.com>

Tom:

I called the state of Florida regarding the Annual report. You will notice that as title, we have listed member. This should be crossed out and changed to "MGRM" - which stands for Managing member. The return can then be sent back to Florida, with a copy of the notice received.

Per my discussion with Lee Rivers from the Florida Department of State, there will be no penalty associated with this. The top of the return filed indicates the $50 was received. In addition, a copy of the notice serves as an indicator as well that the return was filed timely.

If you have any questions or need further assistance, please contact either Jeff or me.

Robin Ryan, CPA
Grossman Yanak & Ford LLP
412-338-9300 x227
412-338-9305 (fax)