2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# L05000070344

Entity Name: OHSS OF FLORIDA, LLC

Current Principal Place of Business:

6147 S RIDGEWOOD AVE
LOT 12
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291816
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLISON, ALAN
6147 S RIDGE WOOD AVE
LOT 12
PORT ORANGE, FL 32127 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/MANAGERS:

Title: PRES ( ) Delete
Name: ALLISON, ALAN A
Address: 9115 CLARK RD
City-St-Zip: FAIRBURN, GA 30213

Title: DIR ( ) Delete
Name: JONES, STEVE A
Address: 6147 S RIDGE WOOD AVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change ( ) Addition
Name: CANZANELLA, VICKY
Address: 6147 S RIDGE WOOD AVE
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALAN A. ALLISON PRES 04/19/2007

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