## **2007 FOR PROFIT CORPORATION**

**FILED** Jan 22, 2007 08:00 AM Secretary of State

ANNUA	AL REPORT	
DOCUMENT # L79281 1. Entity Name OHS, INC.		
Principal Place of Business 5775 NW BLUE LAGOON DR., STE.400 MIAMI, FL 33126	Mailing Address 100 MANSELL COURT EAST STE.400 ROSWELL, GA 30076	



## DO NOT WRITE IN THIS SPACE

01052007 CR2E034 (11/05)

4. FEI Number 65-0274594 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324  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 accepted the obligations of registered agent.  SIGNATURE  Species typed or primate name of the streed agent and state if abolicable (NOTE Registered Agent agents required when retriataling)  PILE NOWIII FEE 18 \$150,00 After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  ITILE  MAKE  INTERPRODIESS  CITY-SI-2P  ROSWELL, GA 30076  ITILE  DO  ROSWELL, GA 30076  ITILE  TD  ROSWELL, GA 30076  ITILE  DO NOT WRITE  INTERPRODIESS  100 MANSELL COURT E, STE 400 ROSWELL, GA 30076  ITILE  DO NOT WRITE  INTERPRODIESS  100 MANSELL COURT EAST SUITE 400 ROSWELL, GA 30076  ITILE  DO NOT WRITE  INTERPRODIESS  100 MANSELL COURT EAST SUITE 400 ROSWELL, GA 30076  ITILE  TD  ROSWELL, GA 30076  ITILE  ROSWELL, GA 30076  ITILE  ITILE  ROSWELL, GA 30076	6. Name and Add	ress of Current Registers	d Agent			ree Required
the obligations of registered agent.    Signature   Si	1200 SOUTH PINE ISLAND RD.					
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  ITILE NAME ROTHROCK, KIRK E ROSWELL, GA 30076  U00000594595 01/23/07-80005-014 150.00 ROSWELL, GA 30076  TILLE ROSWELL, GA 30076  DO NOT WRITE IN THIS SPACE	the obligations of registered age	it.		<del>_</del> ·		
TITLE NAME STREET ADDRESS CITY-S1-ZIP ROSWELL, GA 30076  DO NOT WRITE INTHIS SPACE	FILE NOW!!! FEE IS After May 1, 2007 Fee w	# 130.00				
ITILE NAME NAME NAME NAME STREET ADDRESS CITY-S1-ZIP NAME DUNAWAY, GEORGE W STREET ADDRESS CITY-S1-ZIP ROSWELL, GA 30076  TITLE NAME DUNAWAY, GEORGE W STREET ADDRESS CITY-S1-ZIP ROSWELL, GA 30076  TITLE NAME DUNAWAY, GEORGE W TO NOT WRITE IN THIS SPACE	TITLE DP NAME ROTHROCK, KIRI STREET ADDRESS 100 MANSELL CO	( E URT E, STE 400	RS		,	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  DUNAWAY, GEORGE W 100 MANSELL COURT EAST SUITE 400 ROSWELL, GA 30076  DO NOT WRITE IN THIS SPACE	NAME MITCHELL, BRUC STREET ADDRESS 100 MANSELL CO	E A URT E, STE 400		_		U00000594595 01/23/07-80005-014 150.00
NAME IN THIS SPACE	NAME DUNAWAY, GEOP STREET ADDRESS 100 MANSELL CO	URT EAST SUITE 400			DO	NOT WRITE
CITY-SI-ZIP	NAME SIREET ADDRESS				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS					
TITLE NAME STREET ADDRESS CITY-S1-ZIP  12.   hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-SI-ZIP				•	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the repeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attack them with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Bruce A. Mitchell

1/5/2007

770.998.8936

Daytime Phone #