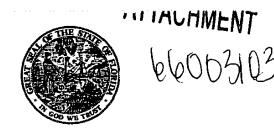
FILED Mar 01, 2006 8:00 am Secretary of State 02-15-2006 90028 036 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000000809 1. Entity Name OHC MANAGEMENT INC.								
Principal Place of Business Maiking Address							0110	
6400 CONGRESS AVENUE		6400 CONGRESS AVENUE		66003103				
SUITE 2000		SUITE 2000						
BOCA RATON, FL	L 3348/	BOCA RATON, FL 33	487		I (ADDINOS IN EDITO ON II	IRAN ARIN BAN ARIN AR	IN AUCDI INVI ABIIN IA	DANIEL DE ESTADO
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. ₹, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02062006 Chg	⊢P CR	2E034 (11/05)	
City & State		City & State			1. FEI Number 209360		Applied For Not Applicate	
Zip Country		Zíp Cour		try	5. Certificate of Status	Desired 2	\$8.75 Ad	
	5. Name and Address of Curre	ot Peolstered Agent	l		7. Name and Address	of New Benjate	Fee Require	HO
	5. 142.110 All 0 April 0 Conte	in registered Agent		Name	7. Name and Address	O New Kegpster	ad Many	
LEVY, HARRY 6400 CONGRESS AVENUE				Street Address (P.O. Box Number is Not	Acceptable)		
SUITE 2000 BOCA RATO	N, FL 33487							
				City			Zip Cod	e
the obligations	med entity submits this statement s of registered agent. usture, typed or printed name of registered ag			d Agent eigneture rinquised		State of Florida. I		and accept
After May	NOW!!! FEE IS \$150.00 1, 2006 Fee will be \$550	<u>_</u>	ntribution.		.00 May Be led to Fees			
10.	. A. A	ND DIRECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS		
NAME 12	ICHAPA D. LEW	BORED CE DE	TITLE NAME				Change	Addition
STREET ADDRESS GITY-ST-ZIP	400 CONFLETS K	(E. 578, 2000	STREE	ET ADORESS - 51-ZIP				
JITLE F	PERIDENT + COC	Clelote	TITLE	į.	1		Change	Addition
STREET ADDRESS CITY-ST-ZIP	NOO CONFILESS	AVQ. ST g. 200	~	ET ADORESS -S1-ZIP				
TIFLE	P. SECRETHELL +	TREASORER Delete	TITLE				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	HERY A. LEVY HOD CONGRESS A	We. STE. 2000		E et address -st-zip				
mue	YP W ASST. 5	CRETARY Deles	TITLE				☐ Change	☐ Addition
ALBERT								
CIDECT ADODECC	GUDD CONGRESS	AVQ. 518.200	STREE CITY-	ET ADDRESS - ST-ZIP			·	
TITLE Y	PY ASST. SECL	ETARY Delete	TITLE			<u>-</u> _	☐ Change	☐ Addition
HAME	TOUL M. LEVY	Me STE DIN) HAME					.]
CITY-ST-ZD	CONGLESS	23487	31114	ET ADDRESS -St-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					ļ
STREET ADDRESS CITY-ST-ZIP				et aodress - St-ZIP				
indicated on of the corpora	ify that the information supplied withis report or supplemental reportation or the receiver or trustee en on an attachment with an address	t is true and accurate and that powered to execute this report	my signat n as requir d.	ure shall have the red by Chapter 607	same legal effect as if ma 7, Florida Statutes; and the	de under oath; tha it my name appea	t I am an officer	or director
SIGNATU	RE:	11.000	JOE	LM. L	EVY 2/	10/06		ļ
	SIGNATURE AND TYPED O	PRINTED HAME OF BEHING OFFICE	R OR DIRECT	OR	Date		Daytme Phone 4	



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2006

OHC MANAGEMENT INC. 6400 CONGRESS AVENUE SUITE 2000 BOCA RATON, FL 33487

Subject: OHC MANAGEMENT INC.

Reference Number:

P05000000809

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION