2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9500093536

Entity Name
 OHC - UNIVERSITY EXTENSION, INC.

Mailing Address

DO NOT WRITE IN THIS SPACE

LE TOURNEAU CENTER 5118 N 56TH ST SUITE 215 TAMPA, FL 33610

Principal Place of Business

LE TOURNEAU CENTER 5118 N 56TH ST SUITE 215 TAMPA, FL 33610

FILED Mar 11, 2004 08:00 AM Secretary of State



02192004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3355834

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIZK, JAMES F OHC 5118 N. 56TH ST., STE. 215 TAMPA, FL 33610

SIGNATURE:

DO NOT WRITE IN THIS SPACE

5118 N. 56TH ST., STE. 215 TAMPA, FL 33610			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	l office or t	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	f applicable (NOTE, Registered)	Agent signatur	s required when reinstating)	DATE
FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 🖂	\$5.00 May Be Added to Fees	######################################
10.	OFFICERS AND DIREC	CTORS	***************************************		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D RIZK, JAMES F 5118 N 56TH ST SUITE 215 TAMPA, FL 33610				
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SY-ZIP					
TITLE NAME STREET ADDRESS OTY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CHTY-ST-ZIP					
12. I hereby of indicated of the corchanged	certify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empower or on an attachment with an address, with all	ling does not qualify for the exem and accurate and that my signatu I to execute this report as require other like empowered.	ption state re shall ha d by Chap	d in Section 119.07(3) we the same legal effe ster 607, Florida Statut	(i), Florida Statutes, I further certify that the information cct as if made under oath, that I am an officer or director ees; and that my name appears in Block 10 or Block 11 if