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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:21

DOCUMENT # **V63874** **(4)**

1. Corporation Name
OXY+PLUS OF ORLANDO, INC.

Principal Place of Business	Mailing Address
4353 EDGEWATER DR ORLANDO FL 32804	4353 EDGEWATER DR ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/15/1992**
3a. Date of Last Report: **03/29/1994**

	2. Principal Place of Business	2a. Mailing Address
21/26	285 West Central pkwy	285 West Central pkwy
22/27	Suite 1730	Suite 1730
23/28	Altamonte Springs Fla	Altamonte Springs, Fla
24/29	Zip 32714	Zip 32714
25/30	Country Seminole	Country

4. FEI Number: **58-3145753** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Mike Elrod
82 Street Address (P.O. Box Number is Not Acceptable): 403 San Sebastian Prado
83
84 City: Altamonte Springs FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mike Elrod — 4/12/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELROD, RUFUS JORDAN JR 6090 MCDONOUGH DR STE A NORCROSS GA	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition 5300 OAKBROOK pkwy Suite 220 NORCROSS, GA 30093
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELROD, WILLIAM STEPHEN 6090 MCDONOUGH DR STE A NORCROSS GA	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition 5300 OAKBROOK pkwy Suite 220 NORCROSS, GA 30093
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELROD, MIKE 4353 EDGEWATER DR STE 600 ORLANDO FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☑ Change ☐ Addition 285 West Central pkwy Suite 1730 Altamonte Springs Fla. 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steve ElRod — Steve ElRod — 3/30/95 — 404-806-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066462 CP