

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Apr 24, 2009  
Secretary of State**

DOCUMENT# L07000053246

Entity Name: ONE SOURCE MEDICAL GROUP, LLC

**Current Principal Place of Business:**

2907 STATE RD. 590 STE 4  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

2907 STATE RD. 590 STE 4  
CLEARWATER, FL 33759

**New Mailing Address:**

FEI Number: 26-0159522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUELLER, ROBERT J  
936 PINELLAS BAYWAY  
TH6  
TIERRA VERDE, FL FL 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: MGR ( ) Delete  
Name: MUELLER, ROBERT J  
Address: 936 PINELLAS BAYWAY TH 6  
City-St-Zip: TIERRA VERDE, FL 33715

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MUELLER, ROBERT J  
Address: 936 PINELLAS BAYWAY TH 6  
City-St-Zip: TIERRA VERDE, FL 33715

Title: MGRM ( ) Change (X) Addition  
Name: STERNBERG, ERIC M  
Address: 1632 IVEY LAKE DR.  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT J MUELLER

MGRM

04/24/2009

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