

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053246

Entity Name: ONE SOURCE MEDICAL GROUP, LLC

Current Principal Place of Business:

13505 ICOT BLVD.
STE 209
CLEARWATER, FL 33760

Current Mailing Address:

13505 ICOT BLVD.
STE 209
CLEARWATER, FL 33760 US

FEI Number: 26-0159522

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRESH LEGAL PERSPECTIVE, PL
3802 ERHLICH ROAD
SUITE 308
TAMPA, FL 33624 US

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

Authorized Person(s) Detail :

Title PRESIDENT
Name ROBICHAUD, DANIEL JOSEPH
Address 13505 ICOT BLVD.
 STE 209
City-State-Zip: CLEARWATER FL 33760

Title VP
Name ROBICHAUD, JONATHAN DANIEL
Address 13505 ICOT BLVD.
 STE 209
City-State-Zip: CLEARWATER FL 33760

Title VP
Name ROBINS, PETER
Address 13505 ICOT BLVD.
 STE 209
City-State-Zip: CLEARWATER FL 33760

Title VP
Name ROBICHAUD, SCOTT
Address 13505 ICOT BLVD.
 STE 209
City-State-Zip: CLEARWATER FL 33760

Title VP
Name JIMENEZ, JON
Address 13505 ICOT BLVD.
 STE 209
City-State-Zip: CLEARWATER FL 33760

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL JOSEPH ROBICHAUD

PRESIDENT

03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date