

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000053246

**Entity Name:** ONE SOURCE MEDICAL GROUP, LLC

**Current Principal Place of Business:**

13910 LYNMAR BLVD  
TAMPA, FL 33626

**Current Mailing Address:**

13910 LYNMAR BLVD  
TAMPA, FL 33626 US

**FEI Number:** 26-0159522

**Certificate of Status Desired:** No

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

FRESH LEGAL PERSPECTIVE, PL  
6930 W LINEBAUGH AVE  
TAMPA, FL 33625 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            MUELLER, ROBERT  
Address        13910 LYNMAR BLVD  
                  STE 209  
City-State-Zip: TAMPA FL 33626

Title            COO  
Name            STERNBERG, ERIC  
Address        13910 LYNMAR BLVD  
                  STE 209  
City-State-Zip: TAMPA FL 33626

Title            CEO  
Name            ROBICHAUD, JON  
Address        13910 LYNMAR BLVD  
City-State-Zip: TAMPA FL 33626

*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:** JON ROBICHAUD

CEO

03/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date