

2015 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

FEI Number: 26-0159522

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 MGRM
Name MUELLER, ROBERT J
Address 936 PINELLAS BAYWAY
City-State-Zip: TIERRA VERDE FL 33715

Title MGRM
Name STERNBERG, ERIC M
Address 1632 IVY LAKE DR.
City-State-Zip: ODESSA FL 33556

Title MGRM
Name JIMENEZ, JON
Address 104 CALADIUM DR
City-State-Zip: CASTLE HILLS TX 78213

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: ROBERT MUELLER

PRESIDENT

01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date