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. 01/12/2015 SIGNATURE: JOHN R JONES **OWNER MANAGER**

Current Principal Place of Business: 248 SOUTHPARK CIRCLE EAST ST. AUGUSTINE FL 32086

Entity Name: THE LIFESOURCE GROUP LLC

Current Mailing Address:

248 SOUTHPARK CIRCLE EAST ST. AUGUSTINE FL 32086 US

FEI Number: 26-0437338

Name and Address of Current Registered Agent:

JONES, JOHN RJR. 7780 A1A SOUTH #411 ST. AUGUSTINE, FL 32080 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	KATHLEEN ABBOTT, LMHC, PA	Name	JOHN R JONES, JR, LMHC, PA
Address	248 SOUTHPARK CIRCLE EAST	Address	248 SOUTHPARK CIRCLE EAST
City-State-Zip:	ST. AUGUSTINE FL 32086	City-State-Zip:	ST. AUGUSTINE FL 32080

Certificate of Status Desired: No

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L07000062481

Date

FILED Jan 12, 2015 Secretary of State CC1802108671

Date

Electronic Signature of Signing Authorized Person(s) Detail