

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000077551

**Entity Name:** ONE HOME MEDICAL EQUIPMENT, LLC

**Current Principal Place of Business:**

3351 EXECUTIVE WAY  
MIRAMAR, FL 33025

**Current Mailing Address:**

3850 BIRD ROAD,  
SUITE 303  
MIAMI, FL 33146 US

**FEI Number:** 46-2894851

**Certificate of Status Desired:** No

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

KLEIN, BRENT D  
STE. 602, 3850 BIRD ROAD  
MIAMI, FL 33146 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           MANAGER  
Name           ONE HOMECARE SOLUTIONS LLC  
Address        3850 BIRD ROAD,  
                  SUITE 303  
City-State-Zip: MIAMI FL 33146

*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:** ONE HOMECARE SOLUTIONS LLC

MANAGER

04/22/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date