2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2022
Secretary of State
2925459407CC

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Entity Name: ONE SOURCE HEALTH ENROLLMENTS LLC

Current Principal Place of Business:

6941 SW 196TH AVENUE
SUITE 33
PEMBROKE PINES, FL 33332

Current Mailing Address:

6941 SW 196TH AVENUE
SUITE 33
PEMBROKE PINES, FL 33332 US

FEI Number: 87-0960800

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORIEGA, PATRICIA M
521 LEXINGTON AVENUE
DAVIE, FL 33325 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	MGR	Title	MGR
Name	MENDES, CHRISTIAN J	Name	NORIEGA, PATRICIA M
Address	6078 NW 116TH DRIVE	Address	521 LEXINGTON AVENUE
City-State-Zip:	CORAL SPRINGS FL 33076	City-State-Zip:	DAVIE FL 33325

Title	MGR
Name	SINKO, AARON
Address	6941 SW 196 AVENUE, SUITE 34
City-State-Zip:	PEMBROKE PINES FL 33332

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: PATRICIA M NORIEGA MANAGING MEMBER 03/29/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date