

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000002024

**Entity Name:** HEALTH SOURCE ONE INSURANCE GROUP, LLC

**Current Principal Place of Business:**

825 WATTERS CREEK BLVD STE 300  
ALLEN, TX 75013

**Current Mailing Address:**

825 WATTERS CREEK BLVD STE 300  
ALLEN, TX 75013 US

**FEI Number: 38-3859939**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name HOMELAND HEALTHCARE, LLC  
Address 825 WATTERS CREEK BLVD STE 300  
City-State-Zip: ALLEN TX 75013

*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: REBA J. LEONARD**

**SECRETARY**

**04/12/2016**

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

\_\_\_\_\_ Date