

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000002024

Entity Name: HEALTH SOURCE ONE INSURANCE GROUP, LLC

Current Principal Place of Business:

825 MARKET ST STE 300
ALLEN, TX 75013

Current Mailing Address:

825 MARKET ST STE 300
ALLEN, TX 75013

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, INC.
Address 825 MARKET ST 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

01/05/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date