

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000000530

**Entity Name:** ONE STOP MEDICAL CENTER, INC.

**Current Principal Place of Business:**

6545 FRANCE AVE S STE 480  
EDINA, MN 55435

**Current Mailing Address:**

6545 FRANCE AVE S STE 480  
EDINA, MN 55435 US

**FEI Number:** 32-0208822

**Certificate of Status Desired:** No

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

KAPLAN, TED  
515 FLORIDA 436 SUITE 1010  
CASSELBERRY, FL 32730 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

**Officer/Director Detail :**

Title P  
Name SHU, STEVEN  
Address 16020 58 PL N  
City-State-Zip: PLYMOUTH MN 55446

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN SHU

**PRESIDENT**

**01/14/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date