2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# L03000033005

Entity Name: ONE SOURCE CARE MANAGEMENT, LLC

Current Principal Place of Business:

8381 GRAND MESSINA CIRCLE
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

840 WINDTREE WAY
WELLINGTON, FL 33414 US

Current Mailing Address:

8381 GRAND MESSINA CIRCLE
BOYNTON BEACH, FL 33437 US

New Mailing Address:

840 WINDTREE WAY
WELLINGTON, FL 33414 US

FEI Number: 11-3703090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, MELISSA A
8381 GRAND MESSINA CIRCLE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

ADAMS, MELISSA A
840 WINDTREE WAY
WELLINGTON, FL 33414 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: _____ 04/26/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: ADAMS, MELISSA A
Address: 8381 GRAND MESSINA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: MGRM ( ) Delete
Name: SIDWAY, LINDA G
Address: 8381 GRAND MESSINA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MELISSA A ADAMS MGRM 04/26/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date