

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90036 034 \*\*\*\*50.00

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<b>DOCUMENT # L04000035443</b> 1. Entity Name ONE SOURCE MEDICAL SUPPLY, LLC					
Principal Place of Business <del>6854 FINAMORE CIRCLE</del> <b>3676 COLLIN DR.</b> <del>LAKE WORTH, FL 33407</del> <b>US STE 2</b> <del>WEST PALM BEACH, FL</del> <b>33406-4718</b>				Mailing Address <del>6854 FINAMORE CIRCLE</del> <b>3676 COLLIN DR.</b> <del>LAKE WORTH, FL 33407</del> <b>US STE 2</b> <del>WEST PALM BEACH, FL</del> <b>33406-4718</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-1144297</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KENNEDY, PAUL R ESQ. 11891 U.S. HIGHWAY ONE 100 NORTH PALM BEACH, FL 33408				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	CAMHI, STEVEN	6854 FINAMORE CIRCLE	LAKE WORTH, FL 33408		
11. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b>				Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					