

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000035443 1. Entity Name ONE SOURCE MEDICAL SUPPLY, LLC	
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Principal Place of Business 3676 COLLIN DR. STE 2 WEST PALM BEACH, FL 33406 US	Mailing Address 3676 COLLIN DR. STE 2 WEST PALM BEACH, FL 33406 US
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01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1144297	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

KENNEDY, PAUL R ESQ.
11891 U.S. HIGHWAY ONE
100
NORTH PALM BEACH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

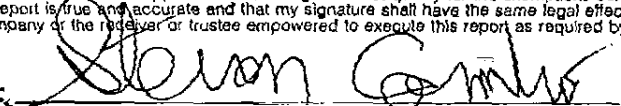
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMHI, STEVEN 6854 FINAMORE CIRCLE LAKE WORTH, FL 33408
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05/13/06-80010-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #