2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# L07000098174

Entity Name: ONE STOP CARE NETWORK LLC

Current Principal Place of Business:

200 WEST 49 STREET
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

200 WEST 49 STREET
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 80-0028865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DIAZ, AMADOR
11356 S.W. 246 TERRACE
HOMESTEAD, FL 33032 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	DIAZ, AMADOR	
Address:	11356 S.W. 246 TERRACE	
City-St-Zip:	HOMESTEAD, FL 33032	
Title:	MGRM	( ) Delete
Name:	GINNORIS, ESTELLA	
Address:	200 WEST 49 STREET	
City-St-Zip:	HIALEAH, FL 33012	
Title:	MGRM	( ) Delete
Name:	GREGOIRE, CINTHIA	
Address:	200 WEST 49 STREET	
City-St-Zip:	HIALEAH, FL 33012	
Title:	MGRM	( ) Delete
Name:	SANDY, SONY GARY	
Address:	18802 SW 55 STREET	
City-St-Zip:	MIRAMAR, FL 33029	
Title:	MGRM	( ) Delete
Name:	METTELLUS, MARIE D	
Address:	2065 SW 160 AVENUE	
City-St-Zip:	W. MIRAMAR, FL 33027	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 exemption stated in Chapter 119, 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: AMADOR DIAZ MGRM 07/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date