

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098174

FILED
Mar 24, 2009
Secretary of State

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 ()

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: MORENO ESCOBAR, ROSA MARIA
Address: 200 WEST 49 STREET
City-St-Zip: HIALEAH, FL 33012

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:

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: ESTELA GINORIS

MGRM

03/24/2009

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