

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90029 030 ***150.00

DOCUMENT # P00000099081

1. Entity Name

ONE SOURCE MEDICAL SERVICES, INC.

Principal Place of Business

POST OFFICE BOX 912
 GOTHA FL 34734

Mailing Address

POST OFFICE BOX 912
 GOTHA FL 34734



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ONE SOURCE MEDICAL SERVICES INC

Suite, Apt. #, etc.

PO Box 912

City & State

GOTHA FLORIDA

Zip

34734

Country

ORANGE

3. Mailing Address

ONE SOURCE MEDICAL SERVICES INC

Suite, Apt. #, etc.

PO Box 912

City & State

GOTHA FL

Zip

34734

Country

ORANGE

4. FEI Number

59-3678887

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRINGTON, DANIEL S
552 WHEATSTONE PLACE
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name **DANIEL S. HERRINGTON**

Street Address (P.O. Box Number is Not Acceptable)

552 WHEATSTONE PL

City

ORLANDO

FL

Zip Code

32835

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.

SIGNATURE

Daniel S. Herrington

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HERRINGTON, DAN	
STREET ADDRESS	552 WHEATSTONE PLACE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel S. Herrington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01

Date

402-2906241

Daytime Phone #

CR2E034 (10/00)