

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90066 039 ***150.00

DOCUMENT # P00000099081 ✓

1. Entity Name

ONE SOURCE MEDICAL SERVICES
INC.

000400

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 912

3. Mailing Address

PO Box 912

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Gotha FL

City & State

Gotha FL

4. FEI Number

59-3678887

Applied For

Not Applicable

Zip

32734

Country

ORANGE/USA

Zip

32734

Country

ORANGE/USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DAN HERRINGTON
552 WHEATSTONE PLACE
ORLANDO FL 32835

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/01)