


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000099081 1. Entity Name ONE SOURCE MEDICAL SERVICES, INC.	
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Principal Place of Business ONE SOURCE MEDICAL SERVICES INC PO BOX 912 GOTHA, FL 34734	Mailing Address POST OFFICE BOX 912 GOTHA, FL 34734
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DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3678887	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HERRINGTON, DANIEL S
552 WHEATSTONE PLACE
ORLANDO, FL 32835**

**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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 02/11/06-80090-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRINGTON, DAN 552 WHEATSTONE PLACE ORLANDO, FL 32835
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IN THIS SPACE**

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	407-585-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #