

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2008 8:00 am
Secretary of State

02-20-2008 90010 021 ***150.00

DOCUMENT # P00000099081 1. Entity Name ONE SOURCE MEDICAL SERVICES, INC.	
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Principal Place of Business ONE SOURCE MEDICAL SERVICES INC 1209 E 2ND ST SANDFORD, FL 32771	Mailing Address POST OFFICE BOX 912 GOTHA, FL 34734
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66004936



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3678887	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

8. 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 renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRINGTON, DAN 552 WHEATSTONE PLACE ORLANDO, FL 32835
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**DO NOT WRITE
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 filers empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08 4076941413
Date Daytime Phone #