

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000099081

FILED
Dec 15, 2009
Secretary of State

Entity Name: ONE SOURCE MEDICAL SERVICES, INC.

Current Principal Place of Business:

ONE SOURCE MEDICAL SERVICES INC
1209 E 2ND ST
SANDFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 912
GOTHA, FL 34734

New Mailing Address:

FEI Number: 59-3678887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRINGTON, DANIEL S
552 WHEATSTONE PLACE
ORLANDO, FL 32835 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERRINGTON, DAN
Address: 552 WHEATSTONE PLACE
City-St-Zip: ORLANDO, FL 32835

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SHEPHARD, JEFFREY J
Address: 684 TUSCORA DR
City-St-Zip: WINTER SPRINGS, FL 32708

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY J SHEPHARD

D

12/15/2009

Electronic Signature of Signing Officer or Director

Date