

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098174

Entity Name: ONE STOP CARE NETWORK LLC

Current Principal Place of Business:

7480 SW 40TH ST, STE 820
MIAMI, FL 33155

Current Mailing Address:

7480 SW 40TH ST, STE 820
MIAMI, FL 33155

FEI Number: 80-0028865

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOREIRA, LAZARO
7480 SW 40TH ST, STE 820
MIAMI, FL 33155 US

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

Authorized Person(s) Detail :

Title MGRM
Name DIAZ, AMADOR
Address 11356 S.W. 246 TERRACE
City-State-Zip: HOMESTEAD FL 33032

Title MGRM
Name GINNORIS, ESTELLA
Address 200 WEST 49 STREET
City-State-Zip: HIALEAH FL 33012

Title MGRM
Name MORENO ESCOBAR, ROSA MARIA
Address 200 WEST 49 STREET
City-State-Zip: HIALEAH FL 33012

Title MGRM
Name MOREIRA, LAZARO
Address 1235 N. KROME AVE, STE R
City-State-Zip: HOMESTEAD FL 33030

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAZARO MOREIRA

MGRM

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date