2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2013
Secretary of State
CC4973223523

DOCUMENT# L07000098174

Entity Name: ONE STOP CARE NETWORK LLC

Current Principal Place of Business:

1235 N. KROME AVE, STE R
HOMESTEAD, FL 33030

Current Mailing Address:

1235 N. KROME AVE, STE R
HOMESTEAD, FL 33030

FEI Number: 80-0028865

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOREIRA, LAZARO
1235 N. KROME AVE, STE R
HOMESTEAD, FL 33030 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	Title	MGRM
Name	DIAZ, AMADOR	Name	GINNORIS, ESTELLA
Address	11356 S.W. 246 TERRACE	Address	200 WEST 49 STREET
City-State-Zip:	HOMESTEAD FL 33032	City-State-Zip:	HIALEAH FL 33012
Title	MGRM	Title	MGRM
Name	MORENO ESCOBAR, ROSA MARIA	Name	MOREIRA, LAZARO
Address	200 WEST 49 STREET	Address	1235 N. KROME AVE, STE R
City-State-Zip:	HIALEAH FL 33012	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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAZARO MOREIRA MGRM 01/30/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date