

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000057489

Entity Name: ONE PATIENT SERVICES, LLC

Current Principal Place of Business:

7003 PRESIDENTS DRIVE
STE 800
ORLANDO, FL 32809

Current Mailing Address:

7003 PRESIDENTS DRIVE
STE 800
ORLANDO, FL 32809 US

FEI Number: 47-3625891

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONNERY, JOHN C JR
101 E. KENNEDY BLVD STE 3700
TAMPA, FL 33602 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 AUTHORIZED REPRESENTATIVE
Name SYLVIA, LORI
Address 7003 PRESIDENTS DRIVE
 STE 800
City-State-Zip: ORLANDO FL 32809

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: LORI SYLVIA

AUTH REPRESENTATIVE 03/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date