

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000355535

Entity Name: ONEPLUS MEDICAL CENTER V, LLC.

Current Principal Place of Business:

4651 SHERIDAN STREET
SUITE 303
HOLLYWOOD, FL 33021

Current Mailing Address:

4651 SHERIDAN STREET
SUITE 303
HOLLYWOOD, FL 33021

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ONEPLUS HEALTHCARE GROUP, LLC
4651 SHERIDAN STREET
SUITE 303
HOLLYWOOD, FL 33021 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	AMBR	Title	AMBR
Name	SANTANA, JOHN HSA	Name	ONEPLUS HEALTHCARE GROUP, LLC
Address	4651 SHERIDAN STREET, SUITE 303	Address	4651 SHERIDAN STREET, SUITE 303
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	HOLLYWOOD FL 33021

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: JOHN SANTANA, HSA

COO

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date