

**2022 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  
Name            SANTANA, JOHN HSA  
Address        4651 SHERIDAN STREET, SUITE 303  
City-State-Zip: HOLLYWOOD FL 33021

Title            AMBR  
Name            ONEPLUS HEALTHCARE GROUP, LLC  
Address        4651 SHERIDAN STREET, SUITE 303  
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

06/04/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date