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Secretary of State

01-19-2006 90083 038 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F05000005685

1st Entity Name
ONSITE HEALTH CARE SERVICES, INC.

Principal Place of Business
5706 LA GORCE CIRCLE
LAKE WORTH, FL 33463

Mailing Address
5706 LA GORCE CIRCLE
LAKE WORTH, FL 33463

66001688

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2934090 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANER, LARRY
5706 LA GORCE CIRCLE
LAKE WORTH, FL 33463

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James T. Carney 1/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVC and Director
NAME	HARRIS, GEORGE E
STREET ADDRESS	P.O. BOX 582, Blood Marsh Lane
CITY-ST-ZIP	STEVENSVILLE, MD 21666
TITLE	C & Director
NAME	MCKNIGHT, R. GARY
STREET ADDRESS	2155 SOUTH VILLA DR
CITY-ST-ZIP	GIBSONIA, PA 15044
TITLE	VP & Director
NAME	James T. Carney
STREET ADDRESS	845 Northridge Dr
CITY-ST-ZIP	Pittsburgh, Pa 15216
TITLE	Director
NAME	George Leib
STREET ADDRESS	P.O. Box 155
CITY-ST-ZIP	
TITLE	1700 N. Atlantic Ave.
NAME	New Smyrna Beach
STREET ADDRESS	FL. 33418
CITY-ST-ZIP	
TITLE	Director
NAME	Edward Harper
STREET ADDRESS	36000 Portofino Circle, #103
CITY-ST-ZIP	Elm Gardens, FL 33418

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James T. Carney 2/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #