

Aug 06 07 03:15p
Jul 25 07 04:33p

Larry Braner
Donna Carney


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 15, 2007 8:00 am

Secretary of State


08-15-2007 90022 020 ***150.00

DOCUMENT # F05D00005685	
1. 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
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40129212



01312007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2934090

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent BRANER, LARRY 5706 LA GORCE CIRCLE LAKE WORTH, FL 33463	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
--	---

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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature is required when filing) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVCD HARRIS, GEORGE E P O BOX 852, BLUNT MARSH LANE STEVENSVILLE, MD 21666 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCKNIGHT, R. GARY 2155 SOUTH VILLA DR GIBSONIA, PA 15044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAREY, JAMES T 645 NORTHRIDGE RD PITTSBURGH, PA 15211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIB, GEORGE P O BOX 155, 1700 N ATLANTIC AVE NEW SMYRNA BEACH, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, EDWARD 3600 PORTOFINO CIR #103 PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 included 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 of the above empowered.

SIGNATURE: James T Carey James T Carey 1/3/07 412/561-0898
City/Zip Code: _____

James T Carey 9/8/07

ATTACHMENT

40129212

HEALTHCARE SERVICES

Dental Services for Long-Term Care Residents
Corporate Office
210 Pier One Road, Suite 201
Stevensville, MD 21666
410.604.3350
Fax 410.643.5012

July 26, 2006

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Tyrone Scott, Document Specialist

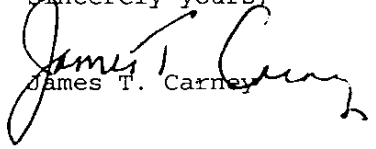
Re: Your letter of July 31, 2007
Annual Report
Onsite Health Care Services, Inc.
F05000005685

Dear Mr. Scott:

Please find attached a copy of the original annual report (with an original signature added) which I prepared in January 31, 2007 along with a new check in the amount of \$150. Please accept this payment and the corrected report in view of the fact that it was prepared in January, 2007 in a timely manner even though it seems that your office never received the same.

We would appreciate the abatement of any fees for late filing under the circumstances.

Sincerely yours,


James T. Carney

Attachments (2)