

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005685

FILED
Jan 12, 2009
Secretary of State

Entity Name: ONSITE HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

5706 LA GORCE CIRCLE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5706 LA GORCE CIRCLE
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 20-2934090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVCD () Delete
Name: HARRIS, GEORGE E
Address: 338 KINGSBERRY DR
City-St-Zip: ANNAPOLIS, MD 21469

Title: CD () Delete
Name: MCKNIGHT, R. GARY
Address: 2155 SOUTH VILLA DR
City-St-Zip: GIBSONIA, PA 15044

Title: VPD () Delete
Name: CAREY, JAMES T
Address: 845 NORTHRIDGE RD
City-St-Zip: PITTSBURGH, PA 15211

Title: D () Delete
Name: HARPER, EDWARD
Address: 2415 GOLIAD LANE
City-St-Zip: GRAPEVINE, TX 76051

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CARNEY, JAMES T
Address: 845 NORTHRIDGE RD
City-St-Zip: PITTSBURGH, PA 15211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LIEB, GEORGE
Address: P.O. BOX 155
City-St-Zip: NEW SMYMA BEACH, FL 32170

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T. CARNEY

O/D

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date