2005 ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# F06000000186

Entity Name: ONWARD HEALTHCARE, INC.

Current Principal Place of Business:

20 GLOVER AVE.
NORWALK, CT 06850

New Principal Place of Business:

Current Mailing Address:

20 GLOVER AVE.
NORWALK, CT 06850

New Mailing Address:

FEI Number: 04-3656142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

MANAGING MEMBERS/MANAGERS:

Title: CPST ( ) Delete
Name: CLARK, KEVIN C
Address: 20 GLOVER AVE.
City-St-Zip: NORWALK, CT 06850

Title: D ( ) Delete
Name: MACKESY, SCOTT
Address: 20 GLOVER AVE.
City-St-Zip: NORWALK, CT 06850

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KEVIN C. CLARK CEO 06/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date