

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006599

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: ONSITE CLINICAL SERVICES, LLC

## Current Principal Place of Business:

46 WOODBRIDGE DRIVE  
EAST LONGMEADOW, MA 01028

## New Principal Place of Business:

1325 SPRINGFIELD STREET  
SUITE 13  
FEEDING HILLS, MA 01030

## Current Mailing Address:

46 WOODBRIDGE DRIVE  
EAST LONGMEADOW, MA 01028

## New Mailing Address:

1325 SPRINGFIELD STREET  
SUITE 13  
FEEDING HILLS, MA 01030

FEI Number: 81-0596822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAHONEY, DAVID S  
21440 NORTH MILLBROOK COURT  
BOCA RATON, FL 33498 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/MEMBERS:

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

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: MAHONEY, DAVID S PRESIDE  
Address: 21440 NORTH MILLBROOK COURT  
City-St-Zip: BOCA RATON, FL 33498

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: DAVID S. MAHONEY

MGR

01/09/2004

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