

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006599

FILED  
Jul 01, 2005  
Secretary of State

**Entity Name:** ONSITE CLINICAL SERVICES, LLC

**Current Principal Place of Business:**

1325 SPRINGFIELD STREET  
SUITE 13  
FEEDING HILLS, MA 01030

**New Principal Place of Business:**

27 QUAIL HOLLOW ROAD  
AGAWAM, MA 01001

**Current Mailing Address:**

1325 SPRINGFIELD STREET  
SUITE 13  
FEEDING HILLS, MA 01030

**New Mailing Address:**

27 QUAIL HOLLOW ROAD  
AGAWAM, MA 01001

FEI Number: 81-0596822      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:**

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/MANAGERS:**

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

**ADDITIONS/CHANGES:**

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: DAVID S. MAHONEY

PRES

07/01/2005

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