2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

BIGHATURE AND TYPED OR PRINTED NAME OF SIG

Jun 05, 2006 8:00 am **Secretary of State DOCUMENT # L05000107819** 05-01-2006 90103 001 ***220.00 1. Entity Name ONSITE NURSING, LLC Principal Place of Business Mailing Address 30009580 14255 US HIGHWAY 1 14255 US HIGHWAY 1 SUITE 215 SUITE 215 RUNO BEACH, FL 33408 JUNO BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 04202006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 03-057448 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired ৰ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FORD, RICHARD J Street Address (P.O. Box Number is Not Acceptable) **14255 US HIGHWAY 1** SUITE 215 JUNO BEACH, FL 33408 City Zip Code 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 Sometime, typed or primed name of regulatered opens and side if applicable. (NOTE: Promiered Agent signature required when reinstatung) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM ITLE III E Change Addition ☐ Delete FOX, LEE A DR. كمقفله NAME STREET ADDRESS 14255 US HIGHWAY 1, STE. 215 STREET ADDRESS JUNO BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE Diciete TITLE ☐ Change ☐ Addition FORD, RICHARD J KAME MAG STREET ADDRESS 14255 US HIGHWAY 1, STE. 215 STREET ADDRESS CITY-ST-ZIP JUNO BEACH, FL 33408 CITY-ST-ZIP TITLE ☐ Delcte TITLE Change ☐ Addition HARRE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Deicte ☐ Change ■ Addition BILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Channe ☐ Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-24P TITLE C Delete ☐ Change ☐ Addition TITLE NAME HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 11. 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 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the limited liability company or the receiver or truptee empowered to execute this report as required by Chapter 608, Florida Statutes.

O MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

4/24/06