
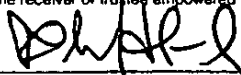


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90103 001 \*\*\*220.00

<b>DOCUMENT # L05000107819</b> 1. Entity Name <b>ONSITE NURSING, LLC</b>					
Principal Place of Business <b>14255 US HIGHWAY 1 SUITE 215 JUNO BEACH, FL 33408</b>			Mailing Address <b>14255 US HIGHWAY 1 SUITE 215 JUNO BEACH, FL 33408</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
4. FEI Number <b>03-0574481</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required			04202006    Chg-LLC    CR2E083 (11/05)		
6. Name and Address of Current Registered Agent  <b>FORD, RICHARD J 14255 US HIGHWAY 1 SUITE 215 JUNO BEACH, FL 33408</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOX, LEE A DR. 14255 US HIGHWAY 1, STE. 215 JUNO BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, RICHARD J 14255 US HIGHWAY 1, STE. 215 JUNO BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, RICHARD J 14255 US HIGHWAY 1, STE. 215 JUNO BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, RICHARD J 14255 US HIGHWAY 1, STE. 215 JUNO BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, RICHARD J 14255 US HIGHWAY 1, STE. 215 JUNO BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, RICHARD J 14255 US HIGHWAY 1, STE. 215 JUNO BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, RICHARD J 14255 US HIGHWAY 1, STE. 215 JUNO BEACH, FL 33408	<input type="checkbox"/> Delete			
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 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.					
<b>SIGNATURE:</b> 			4/24/06    561-833-8488		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date      Daytime Phone #		

30009580

