

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050011

Entity Name: ONSITE DOCTORS, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

1595 N. ROCK SPRINGS RD
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

1595 N. ROCK SPRINGS RD
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 87-0770617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ, CHRISTOPHER S
1595 N. ROCK SPRINGS RD
APOPKA, FL FL US

Name and Address of New Registered Agent:

MENDEZ, CHRISTOPHER S MGRM
1595 N. ROCK SPRINGS RD
APOPKA, FL FL US

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: CHRIS MENDEZ

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MENDEZ, CHRISTOPHER S
Address: 1595 N. ROCK SPRINGS RD
City-St-Zip: APOPKA, FL 32712 US

Title: MRGM (X) Delete
Name: KHATRI, JITENDRA G
Address: 1595 N. ROCK SPRINGS RD
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MENDEZ, CHRISTOPHER S MGRM
Address: 1595 N. ROCK SPRINGS RD
City-St-Zip: APOPKA, FL 32712 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHRIS MENDEZ

MGRM

04/30/2007

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