2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P04000146222

Entity Name: COMPUTER MEDIC ONSITE, INC.

Current Principal Place of Business:

2993 W COMMERCIAL BLVD
FT LAUDERDALE, FL 33309

New Principal Place of Business:

21218 ST. ANDREWS BLVD
#411
BOCA RATON, FL 33433

Current Mailing Address:

2993 W COMMERCIAL BLVD
FT LAUDERDALE, FL 33309

New Mailing Address:

21218 ST. ANDREWS BLVD
#411
BOCA RATON, FL 33433

FEI Number: 03-0549849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISCHLER, MICHAEL A
1000 S. ANDREWS AVENUE
FT LAUDERDALE, FL 33316 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GERVASI, MARIO
Address: 2993 W COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GERVASI, MARIO
Address: 21218 ST. ANDREWS BLVD, #411
City-St-Zip: BOCA RATON, FL 33433

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO S. GERVASI D 04/29/2009

Electronic Signature of Signing Officer or Director Date