

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044954

FILED
Apr 24, 2009
Secretary of State

Entity Name: ON SITE MEDICAL SERVICES, INC.

Current Principal Place of Business:

1504 E MICHIGAN ST
ORLANDO, FL 32806

New Principal Place of Business:

813 E MICHIGAN ST
ORLANDO, FL 32806

Current Mailing Address:

1504 E MICHIGAN ST
ORLANDO, FL 32806

New Mailing Address:

813 E MICHIGAN ST
ORLANDO, FL 32806

FEI Number: 20-1801146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEKLEM, JOHN A
5151 ADANSON ST, STE 98
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

LEKLEM, JOHN A
1800 NORTH ORANGE AVENUE
SUITE C
ORLANDO, FL 32804 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: _____

Electronic Signature of Registered Agent

04/24/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COTTER, VERONICA I
Address: 1504 E MICHIGAN ST
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COTTER, VERONICA I
Address: 813 E. MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

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: VERONICA I. COTTER

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date