

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025288

FILED
Apr 26, 2005
Secretary of State

Entity Name: ON SITE HEALTH TESTING SERVICES, INC.

Current Principal Place of Business:

8491 NW 17 STREET
#109
MIAMI, FL 33126 US

New Principal Place of Business:

17445 N.W. 85TH AVE.
MIAMI, FL 33015 US

Current Mailing Address:

8491 NW 17 STREET
#109
MIAMI, FL 33126 US

New Mailing Address:

17445 N.W. 85TH AVE
MIAMI, FL 33015 US

FEI Number: 65-0657757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADLEY, PATRICK G
8491 NW 17TH STRET
#109
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

BRADLEY, PATRICK G
17445 N.W. 85TH AVE
MIAMI, FL 33015 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: PATRICK G. BRADLEY

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BRADLEY, PATRICK G
Address: 8491 N.W. 17 STREET #109
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BRADLEY, PATRICK G
Address: 17445 N.W. 85TH AVE.
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICK G. BRADLEY

PSD

04/26/2005

Electronic Signature of Signing Officer or Director

Date