2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 08:00 AM Secretary of State

		TEI OILI		Sacratary of State
DOCUMENT # P99000104049 1. Entity Name ON-SITE MEDICAL CENTER INC.			Secretary of State	
Principal Plac	e of Business	Mailing Address	1.	1
601 SW 123		601 SW 123 AVE		•
MIAMI, FL 3		MIAMI, FL 33184		
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				04202005 No Chg-P CR2E034 (10/03)
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				4. FEI Number Applied For
				65-0964511 Not Applicable
				5. Certificate of Status Desired \$8.75 Additional
	C. Name and Address of Compat De-	Falcond Bornel		Fee Required
	6. Name and Address of Current Reg	istered Agent		****
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601 SW 1	03 ΔVF	±	_	DO NOT WRITE
MIAMI. FL 33184				
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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 Signature types of printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when refrastating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing S5.00 May 8e Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIR			
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 of fusion that my execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if				
or the corporation or this receiver of this segment of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if				