2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

DOCUMENT# P96000065299

Entity Name: ALL FAMILY CLINIC OF DAYTONA BEACH, INC.

Current Principal Place of Business:

1040 MASON AVENUE
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1040 MASON AVENUE
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 59-3393219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, FRANK S JR MD
1040 MASON AVENUE
DAYTONA BEACH, FL 32117 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: ALVAREZ, FRANK S JR
Address: 707 HENSEL HILL EAST
City-St-Zip: PORT ORANGE, FL 32127

Title: VP
Name: JACOBSEN, DAVID N
Address: 320 ANTHONY DR
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: FRANK S. ALVAREZ JR PRES 02/10/2011

Electronic Signature of Signing Officer or Director Date