

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000097568

Entity Name: ALL FOR HEALTH CLINIC, INC.

FILED
Jul 29, 2008
Secretary of State**Current Principal Place of Business:**2802 W WATERS AVE
TAMPA, FL 33614**New Principal Place of Business:****Current Mailing Address:**P.O BOX 15733
TAMPA, FL 33684**New Mailing Address:**

FEI Number: 59-3675246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:REYES, EDWARD
2802 W WATERS AVE
TAMPA, FL 33614 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: PS () Delete
Name: REYES, EDWARD
Address: 2802 W WATERS
City-St-Zip: TAMPA, FL 33614Title: OF (X) Delete
Name: RAMOS, RICARDO OFFICER
Address: 2802 W WATERS
City-St-Zip: TAMPA, FL 33614**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDWARD REYES

PRES

07/29/2008

Electronic Signature of Signing Officer or Director_____
Date