AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 21 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094942

1. Entity Name: All Med Network Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6501 NW 36th Street
Suite, Apt. #, etc.: Suite 370
City & State: Miami, Florida
Zip: 33166 Country: Miami-Dade

3. Mailing Address: Same as Principal
Suite, Apt. #, etc.:
City & State:
Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 35-2180966 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Sandra Fernandez
Street Address (P.O. Box Number is Not Acceptable): 1825 SW 12th Avenue
City: Miami FL Zip Code: 33129

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: X Sandra Fernandez [signature], Sandra Fernandez — 10/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. [ ] — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President and Director	TITLE	
NAME	Sandra Fernandez	NAME	
STREET ADDRESS	1825 SW 12th Avenue	STREET ADDRESS	
CITY - ST - ZIP	Miami, Florida 33129	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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DO NOT WRITE IN THIS SPACE

10/23

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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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X Sandra Fernandez [signature] President — 10/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STP FL32381F.1