

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90155 014 ***150.00

DOCUMENT # P04000026901	
1. Entity Name ALL CITY FAMILY HEALTH CORP.	

Principal Place of Business 12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181	Mailing Address 12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181
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2. Principal Place of Business 4721 E. MOODY BLVD, BLDG 1	3. Mailing Address 4721 E. MOODY BLVD, BLDG 1
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103

City & State BUNNELL, FL	City & State BUNNELL, FL
Zip 32110	Zip 32110
Country USA	Country USA

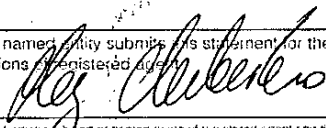


04072005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1198409	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POMERANZ, MARK L ESQUIRE 12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181	7. Name and Address of New Registered Agent Name CHEBERKO, OLEG Street Address (P.O. Box Number is Not Acceptable) 4721 E. MOODY BLVD, BLDG 1, SUITE 103 City BUNNELL FL Zip Code 32110
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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 the registered agent.

SIGNATURE  CHEBERKO, OLEG 4-8-05

Signature of the agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHEBERKO, OLEG 4721 E. MOODY BLVD, BLDG 1, STE 103 BUNNELL, FL 32110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KHAYULYA, ARKADY 130 OCEANA DRIVE WEST, PH 2 BROOKLYN, NY 11235 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHEBERKO, OLEG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #