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	Mailing Address
12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181	12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181

04072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4721 E. MOODY BLVD, BLDG I		4721 E. MOODY BLVD, BLDG I	
Suite, Apt. #, etc.: 103		Suite, Apt. #, etc.: 103	
City & State: BUNNELL, FL		City & State: BUNNELL, FL	
Zip: 32110	Country: USA	Zip: 32110	Country: USA

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

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] CHEBERKO, OLEG 4-8-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

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 I, STE 103 BUNNELL, FL 32110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KHAVULYA, ARKADIY 130 OCEANA DRIVE WEST, PH2 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 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 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 #