

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

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

Principal Place of Business 4721 E. MOODY BLVD, BLDG 1 103 BUNNELL, FL 32110	Mailing Address 4721 E. MOODY BLVD, BLDG 1 103 BUNNELL, FL 32110
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01132008 No Chg-P CR2E034 (11/05)

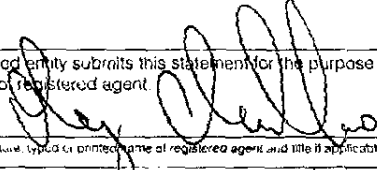
DO NOT WRITE IN THIS SPACE

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 CHEBERKO, OLEG 4721 E. MOODY BLVD, BLDG 1 SUITE 103 BUNNELL, FL 32110

**DO NOT WRITE
IN THIS SPACE**

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  DATE 04/14/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

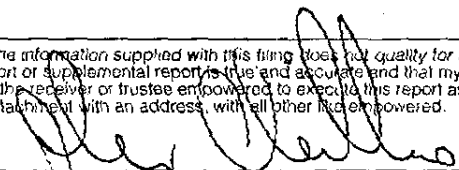
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CHEBERKO, OLEG 4721 E. MOODY BLVD, BLDG 1, SUITE 103 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V KHAVULYA, ARKADIN 130 OCEANA DRIVE WEST, PH2 BROOKLYN, NY 11235
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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05/02/06-80035-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other licenses empowered.

SIGNATURE:  DATE 04/14/06 376-5861229