## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000026901

Entity Name: ALL CITY FAMILY HEALTH CORP.

FILED Oct 04, 2007 Secretary of State

,						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
4721 E. MC 103 BUNNELL,	ODY BLVD, I	BLDG 1				
	ailing Addres		Now Maili	ng Addres	c.	
	ODY BLVD,		New Main	ng Addres	<b>.</b>	
BUNNELL,	FL 32110					
FEI Number:	20-1198409	FEI Number Applied For ( )	FEI Number Not App	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
SUITE 103 BUNNELL,	PÓDY BLVD, I FL 32110 U	S				
The above in the State		submits this statement for the	purpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUR	E: OLEGIC	HEBERKO				
	Electro	nic Signature of Registered Ag	ent		Date	
		03(2)(b), F.S., the corporation did n g Trust Fund Contribution (  ).	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CHEBERKO, C	Y BLVD, BLDG 1, SUITE 103	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KHAVULYA, ÀF	DRIVE WEST, PH2	Title: Name: Address: City-St-Zip:		(X) Change () Addition , ARKADIY IA DRIVE WEST, PH2 I, NY 11235	

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: OLEG CHEBERKO P 10/04/2007