2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# P04000026901

Entity Name: ALL CITY FAMILY HEALTH CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1198409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: CHEBERKO, OLEG
Address: 4721 E. MOODY BLVD, BLDG 1, SUITE 103
City-St-Zip: BUNNELL, FL 32110

I hereby 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 all other like empowered.

SIGNATURE: OLEG CHEBERKO P 02/23/2011

Electronic Signature of Signing Officer or Director — Date