

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000065299

**FILED**  
**Jun 01, 2010**  
**Secretary of State**

**Entity Name:** ALL FAMILY CLINIC OF DAYTONA BEACH, INC.

**Current Principal Place of Business:**

1040 MASON AVENUE  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

1040 MASON AVENUE  
DAYTONA BEACH, FL 32117

**New Mailing Address:**

**FEI Number:** 59-3393219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALVAREZ, FRANK S JR MD  
1040 MASON AVENUE  
DAYTONA BEACH, FL 32117 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** ALVAREZ, FRANK S.  
**Address:** 707 HENSEL HILL EAST  
**City-St-Zip:** PORT ORANGE, FL 32127

**Title:** VP  
**Name:** JACOBSEN, DAVID N  
**Address:** 320 ANTHONY DR  
**City-St-Zip:** PORT ORANGE, FL 32127

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:** FRANK S ALVAREZ

PRES

06/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date