2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003
Secretary of State

DOCUMENT# P96000065299

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:

P.O. BOX 290628
PORT ORANGE, FL 32129

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:

FRYE, KAREN
6081 CENTRAL PARK BLVD.
PORT ORANGE, FL 32127 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: P ( ) Delete
Name: HOWE, KENNETH
Address: 1648 PROMENADE CIRCLE
City-St-Zip: PORT ORANGE, FL 32119

Title: VP ( ) Delete
Name: ALVAREZ, FRANK S.
Address: 25 NAUTICAL DRIVE
City-St-Zip: SOUTH DAYTONA, FL

Title: T ( ) Delete
Name: FRYE, KAREN M.
Address: 6081 CENTRAL PARK BLVD
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ALVAREZ, FRANK S.
Address: 707 HENSEL HILL EAST
City-St-Zip: PORT ORANGE, FL 32127

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN FRYE T 01/15/2003

Electronic Signature of Signing Officer or Director — Date