

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097806

Entity Name: ALL-N-ONE MEDICAL GROUP, INC.

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

195 S. WESTMONTE DR
SUITE H
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

195 S. WESTMONTE DR
SUITE H
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

195 S. WESTMONTE DR
SUITE 1116
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

195 S. WESTMONTE DR
SUITE 1116
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3476324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARIA, MANUEL
1015 EDMISTON PLACE
LONGWOOD, FL 32779 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: PDTM () Delete
Name: FARIA, MANUEL
Address: 195 S. WESTMONTE DR, STE H
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VST () Delete
Name: FARIA, THERESA
Address: 195 S. WESTMONTE DR, STE H
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTM (X) Change () Addition
Name: FARIA, MANUEL
Address: 195 S. WESTMONTE DR, STE 1116
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VST (X) Change () Addition
Name: FARIA, THERESA
Address: 195 S. WESTMONTE DR, STE 1116
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: MANUEL FARIA DC

OWNE

01/14/2005

Electronic Signature of Signing Officer or Director

Date