2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# P97000097806

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
195 SOUTH WESTMONTE DR.
SUITE 1116
ALTAMONTE SPRINGS, FL 32714 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: MANUEL FARIA

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MANUEL FARIA PDTM 10/13/2009

Electronic Signature of Signing Officer or Director — Date