2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P98000070504

Entity Name: ALL FAMILY MEDICAL CENTER, INC.

Current Principal Place of Business:

1202 66 STREET N
ST PETERSBURG, FL 33710

New Principal Place of Business:

7655 38TH AVE NO
ST PETERSBURG, FL 33710

Current Mailing Address:

1202 66 STREET N
ST PETERSBURG, FL 33710

New Mailing Address:

7655 38TH AVE NO
ST PETERSBURG, FL 33710

FEI Number: 59-3527599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHUCK, RANDY
1202 66 STREET N
ST PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

SHUCK, RANDY
7655 38TH AVE NO
ST PETERSBURG, FL 33710 US

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: _____ 04/25/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHUCK, RANDY
Address: 1202 66 STREET N
City-St-Zip: ST PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHUCK, RANDY
Address: 7655 38TH AVE NO
City-St-Zip: ST PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the 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: RANDY SHUCK P 04/25/2006
Electronic Signature of Signing Officer or Director — Date