


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000070504 1. Entity Name ALL FAMILY MEDICAL CENTER, INC.	
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Principal Place of Business 7655 38TH AVE NO ST PETERSBURG, FL 33710	Mailing Address 7655 38TH AVE NO ST PETERSBURG, FL 33710
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3527599	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHUCK, RANDY 7655 38TH AVE NO ST PETERSBURG, FL 33710
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000807131 02/06/08-80065-015 138.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHUCK, RANDY 7655 38TH AVE NO ST PETERSBURG, FL 33710
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____