

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070504

FILED
Jul 01, 2009
Secretary of State

Entity Name: ALL FAMILY MEDICAL CENTER, INC.

Current Principal Place of Business:

7655 38TH AVE NO
ST PETERSBURG, FL 33710

New Principal Place of Business:

7655 38TH AVE NO
SUITE 101
ST PETERSBURG, FL 33710

Current Mailing Address:

7655 38TH AVE NO
ST PETERSBURG, FL 33710

New Mailing Address:

7655 38TH AVE NO
SUITE 101
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
7655 38TH AVE NO
ST PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

SHUCK, RANDY
7655 38TH AVE NO
SUITE 101
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: RANDY SHUCK

07/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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: RANDY SHUCK

P

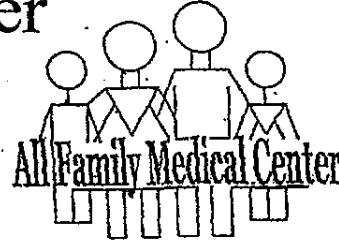
07/01/2009

Electronic Signature of Signing Officer or Director

Date

All Family Medical Center

Randy A. Shuck, D.O., FACOFP
Gregory J. James, D.O., FACOFP
Sherry Norton, ARNP



Board Certified in Family Practice, General Medicine and Osteopathic Manipulation

July 1, 2009

#P98000070504

To: Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

AR FILED 7/01/09

KS

From: All Family Medical Center
Randy A. Shuck
7655 38th Ave N
St. Petersburg, FL 33710
(727)345-1332

Re: Annual Report Filing
Only received Notice of Intent to Dissolve

My office did NOT receive any notice regarding Annual Report Filing for 2009 until the Notice of Intent to Dissolve postcard arrived on Monday June 29th. My office manager did the online filing on Wednesday July 1st just 2 days after receipt of the only reminder and questioned the fee of \$550.00. When she spoke to your representative and explained that this notice on June 29th is the first we have received she was instructed to request the proper refund in writing.

If you have further questions please contact my office and speak to the office manager, Cindy Shuck at (727) 345-1332 x112.

Thank you for your cooperation resolving this issue.

Sincerely,

Randy Shuck