

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070504

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** ALL FAMILY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

7655 38TH AVE NO  
SUITE 202  
ST PETERSBURG, FL 33710

**Current Mailing Address:**

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

**New Mailing Address:**

7655 38TH AVE NO  
SUITE 202  
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  
SUITE 101  
ST PETERSBURG, FL 33710 US

**Name and Address of New Registered Agent:**

SHUCK, RANDY  
7655 38TH AVE NO  
SUITE 202  
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:

02/18/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: RANDY SHUCK

P

02/18/2010

Electronic Signature of Signing Officer or Director

Date