2005 FOR PROFIT CORPORATION REINSTATEMENT

	1/2114/										
DOCUMENT # P98000081944 1. Entity Name ALL FAMILY WORKMAN MEDICAL CENTERS, INC.								O6 TALLANA	JAN	(Ep	
Principal Plac	ce of Business	Ma	ailing Address		·———			TAS Gir	ن ``	, •	
995 ROCK IS			995 ROCK ISLAND RD				(~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<u>,</u>	PH	
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2. Principal F	Place of Business	3.	Mailing Address]				
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.				12132005	REIN-P	CR2E	E098 (6/04)	
City & Stat	e		City & State				4. FEI Number				plied For
Zip	Country		Zip	Cour	ntry		65-0862	100		\$8.75 Add	ot Applica
••P	Country	} '	 -P		y		5. Certificate of	of Status Desired		Fee Require	
	6. Name and Address of C	urrent Regis	tered Agent				7. Name and	Address of New F	Registered	Agent	
 ELOL EM	.4.6.11.151				Name						
L .	VIANUEL CISLAND RD RDALE, FL 33068					Street Address (P.O. Box Number is Not Acceptable)					
}											
					City	-			FL	Zip Cod	e
	a named entity submits this state tions of registered agent.	ment for the p	ourpose of changing its	s register	ed office or	register	red agent, or both	i, in the State of Fl	lorida. I am	lamiliar with,	and acce
SIGNATURE.											
	Signature, typed or printed name of register	ed agent and title	if applicable. (NO	TE: Register	red Agent signa	ture requir	red when reinstating)		DATE		
1	LE NOW!!! FEE IS \$150.00 nuary 1, 2006, Fee will be !	\$300.00						In accordance corporation did			
10.	OFFICER	S AND DIREC	CTORS	11.			ADDITIONS/0	CHANGES TO OFF	FICERS ANI	D DIRECTOR	\$ IN 11
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12. I hereby indicated	certify that the information suppl d on this report or supplemental	ied with this freport is true	iling does not qualify fo and accurate and that	or the exe	emption stat	ed in Se ave the	ection 119.07(3)(i) same legal effect), Florida Statutes. as if made under	I further ce oath: that i	rtify that the i	nformati or direc
of the co	rporation or the receiver or trusted, or on an attachment with an ac	e empowere	d to execute this repor	1 as recu	ired by Cha	pter 607	7, Florida Statutes	; and that my nam	ne appears	in Block 10 o	r Block
			o !								
SIGNAT	TURE:	ruel (wo my				 				
1	SIGNATURE AND TY	PED OR PRINTE	NAME OF SIGNING OFFICE	H OR DIREC	HOI			Date		Daytime Prone #	