

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000081944

1. Entity Name
ALL FAMILY WORKMAN MEDICAL CENTERS, INC.



FILED

2007 SEP 25 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
995 ROCK ISLAND RD
N LAUDERDALE, FL 33068-2313

Mailing Address
995 ROCK ISLAND RD
N LAUDERDALE, FL 33068-2313

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09182007 REIN-P CR2E098 (1/07)

4. FEI Number

65-0862186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELOI, EMMANUEL
995 ROCK ISLAND RD
N LAUDERDALE, FL 33068

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Emmanuel Eloi, MD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-18-07

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ELOI, EMMANUEL
995 ROCK ISLAND RD
N LAUDERDALE, FL 33068

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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09/25/07--01032--009 **150.00

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☐ Change ☐ Addition

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:

Emmanuel Eloi, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-07

Date

Daytime Phone #

9/27/07