2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2009
Secretary of State

DOCUMENT# P98000081944

Entity Name: ALL FAMILY WORKMAN MEDICAL CENTERS, INC.

Current Principal Place of Business:

995 ROCK ISLAND RD
N LAUDERDALE, FL 330682313

New Principal Place of Business:

995 ROCK ISLAND RD
N LAUDERDALE, FL 33068

Current Mailing Address:

995 ROCK ISLAND RD
N LAUDERDALE, FL 330682313

New Mailing Address:

995 ROCK ISLAND RD
N LAUDERDALE, FL 33068

FEI Number: 65-0862186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: EMMANUE ELOI

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ELOI, EMMANUEL
Address: 995 ROCK ISLAND RD
City-St-Zip: N LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: ELOI, EMMANUEL
Address: 995 ROCK ISLAND RD
City-St-Zip: N LAUDERDALE, FL 33068

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: EMMANUEL ELOI, M.D. MD 10/05/2009

Electronic Signature of Signing Officer or Director — Date