2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2011
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 33068

New Principal Place of Business:

5327 NORTH STATE ROAD 7
TAMARAC, FL 33319

Current Mailing Address:

995 ROCK ISLAND RD
N LAUDERDALE, FL 33068

New Mailing Address:

5327 NORTH STATE ROAD 7
TAMARAC, FL 33319

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:

ELOI, EMMANUEL
5327 NORTH STATE ROAD 7
TAMARAC, FL 33319 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: _____ 04/15/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: MD
Name: ELOI, EMMANUEL
Address: 5327 NORTH STATE ROAD 7
City-St-Zip: TAMARAC, FL 33319

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: EMMANUEL ELOI, MD DR 04/15/2011
Electronic Signature of Signing Officer or Director — Date