

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000081944

FILED
Mar 26, 2012
Secretary of State

Entity Name: ALL FAMILY WORKMAN MEDICAL CENTERS, INC.

Current Principal Place of Business:

5327 NORTH STATE ROAD 7
TAMARAC, FL 33319

New Principal Place of Business:

3500 NORTH STATE ROAD 7
211-212
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

5327 NORTH STATE ROAD 7
TAMARAC, FL 33319

New Mailing Address:

3500 NORTH STATE ROAD 7
211-212
LAUDERDALE LAKES, FL 33319

FEI Number: 65-0862186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELOI, EMMANUEL
5327 NORTH STATE ROAD 7
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

ELOI, EMMANUEL
3500 NORTH STATE ROAD 7
211-212
LAUDERDALE LAKES, 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: _____

Electronic Signature of Registered Agent

03/26/2012

Date

OFFICERS AND DIRECTORS:

Title: MD
Name: ELOI, EMMANUEL
Address: 3500 NORTH STATE ROAD 7 #211-212
City-St-Zip: LAUDERDALE LAKES, 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

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03/26/2012

Electronic Signature of Signing Officer or Director

Date