## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # P98000081944					05-05-2003 91760 045 ***150.00			
1. Entity Name								
ALL FAMILY WORKMAN MEDICAL CENTERS, INC.								
DO NOT WRITE IN THIS OF ACE					# 50			
N DO N	IN THIS SPACE			•				
in care in approximation subjects								
2. Principal Place of Business 995 ROCK ISLAND ROAD		3. Mailing Address 995 ROCK ISLAND ROAD			ļ [.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
		0:4			A FFI No. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
City & State  N. LAUDERDALE, FL		City & State N LAUDERDALE			<b>4.</b> FEI Number 65-0862186		Applied For Not Applicable	
Zip Country		Zip Country		ountry			\$8.75 Additional	
33068-2313	BROWARD	33068-2313		VARD	5. Certificate of Status Desired Fe		Fee Required	
			7. Na		me and Address of Current Registered Agent			
				Name	NI (E)			
The second secon	RITE		ELOI EMMAN Street Add		ress (P.O. Box Number is Not Acceptable)			
	ACE 995 ROCK IS							
				City			Zip Code	
N LAUDERDALE 'S 33068								
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.								
							4/28/03	
SIGNATURE ELOI EMMANUEL  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe					tornd Apont si	gnature required when reinstating	•	
January 1 - May 1 Fee is \$150.00					lered Agent an	gradule required when remaining	) DAIL	
After May 1, Fee is \$550.00						9. Election Campaign Financing \$5.00 May Be		
; Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Trust Fund Contribution. Added to Fees			
10.	OFFICERS AI	ND DIRECTORS	11.		L			
TITLE	ELOI EMMANUEL		HARMING AN	TITLE				
NAME STREET ADDRESS	995 ROCK ISLAND N LAUDERDALE FL			ME REET ADDRES:	s	a Constitution de la Constitution La Constitution de la Constitution	RC Boles per per en en el proposition de la company. Responsition de la company	
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			1988888666	LE				
NAME -STREET ADDRESS	-		- BEET BOARD	ME REET ADDRESS	s			
CITY-ST-ZIP			CIT	Y-ST-ZIP				
TITLE			TIT	*****************************		n de settembre pas destructues de displaca en entrales. La esta de la companya de la compan	pantagi pangang salah salah Basang pangang salah salah	
NAME STREET ADDRESS			1888884444	ME REET ADDRESS	8	DO NOT W	DITE	
CITY-ST-ZIP			<b>建设施的部户设计</b>	Y-ST-ZIP		DO NOT W		
TITLE			TIT	***********		IN THIS SP	ACE	
NAME STREET ADDRESS			19/20/20/20/20/20	ME REET ADDRESS	3			
CITY-ST-ZIP			<ul> <li>Internation</li> </ul>	Y-ST-ZIP	<b>.</b>			
TITLE			TIT	u:>4#\$N#N£BGBREHNHUHS)				
NAME STREET ADDRESS			NA CT	aveastat@BBBBBBBBBBBB				
CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP		and the second of the control of the control of the second		
TITLE			TIT		regule is discussion	et transporter en el romando puede la caración	erte guerner i till studbed free	
NAME			NA OF					
♦ STREET ADDRESS CITY-ST-ZIP			. HEBERTAR	REET ADDRESS Y-ST-ZIP	5			
	he information supplied	with this filing does not	qualify for	the exemption s	tated in Sec	tion 119.07(3)(i), Florida Sta	tutes. I further	
						signature shall have the sam		

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR