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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 28 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V37120

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ALL FAMILY WALK-IN CLINICS, INC.

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| Frincipal Place of Business 121 OSCEOLA AVENUE DAYTONA BEACH FL 32114 US | | 221 OSC | Mailing Address 221 OSCEOLA AVENUE DAYTONA BEACH FL 32114-6119 US | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 05/19/1992 04/29/1996 | | | |
| 2. Principal Po | ace of Business | 2a. Mai | ling Address | | | | 4. FEI Number | | | Applied For |
| | | 26 | | | | | 59:3128017 | | | Not Applicable |
| Suite, Apt 1 | #, etc | Suit | e, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 | Additional |
| <u>.</u> | * | 27 | | | | | 6. Certificate of Status Desired | | Fee | Required |
| C ty & State | f! | <u> </u> | & State | | | | 6. Election Campaign Financing | | | May Be |
| l | | 28 | | т о | | | Trust Fund Contribution | L] | | d to Fees |
| ∠lβ T | Country | Zip | | Count | try | | 8. This corporation has liability | for intangib | | s. 199.032, |
| 1 | 25 9. Name and Address of Cu | 29 grent Registered | 1 Agent | 30 | | | Florida Statutes 10. Name and Address of New | | | **** |
| | | | a v garr | 8 | 1 Na | me | 10. 11 | | | |
| | BONE, JOHN S | | | | | | | | | |
| | OSCEOLA AVENUE TONA BEACH FL 32114 | | | 18 | Str | eet Addr | ess (P.O. Box Number is Not Accep | otable) | | |
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| | | | | 8 | Cit | ý | | F | L 85 Zi | p Code |
| 1. Pursuant t | to the provisions of Sections 607 | 0502 and 607.19 | 508, Florida Statu | ites, the abo | ove-nar | ned corp | oration submits this statement for th | ne purpose | or changing | its registered |
| office or n | egistured agent, or both, in the S m familiar with land accent the o | State of Florida S | luch change was | authorized Iorida Statu | by the | corporati | ion's board of directors. I hereby ac | cept the ap | pointment i | as registered |
| | TO TELOTING WELL ENGLOSSING O | angranoria (ar. oct | 3,10,1007.0003,1 | ionaa biata | | | | | | |
| HGNATURE . | Stgration i type diselpt child can in of registery | id agent and tille it app | -cable. (NC | OTE: Registered | Agent sig | iature requir | ad when reinstating) | DATE | | |
| 2. | OFFICERS | AND DIRECTOR |)C | 40 | *********** | | | | ID DIDEOT | 18S N 12 |
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