2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2018
Secretary of State
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Entity Name: ALL-N-ONE MEDICAL GROUP,INC.

Current Principal Place of Business:

195 S. WESTMONTE DR
SUITE 1116
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

195 S. WESTMONTE DR
SUITE 1116
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3476324

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARIA, MANUEL
195 SOUTH WESTMONTE DR.
SUITE 1116
ALTAMONTE SPRINGS, FL 32714 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 — Date

Officer/Director Detail :

Title	PDTM	Title	VP
Name	FARIA, MANUEL	Name	FARIA, DEBORAH
Address	195 S. WESTMONTE DR, STE 1116	Address	195 S. WESTMONTE DR SUITE 1116
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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: MANUEL FARIA, DC, NMD, DACBN PRESIDENT 03/30/2018

Electronic Signature of Signing Officer/Director Detail — Date