

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90003 027 \*\*\*150.00

**DOCUMENT # P00000049133**

1. Entity Name  
**A&L HEALTHCARE CORP.**

Principal Place of Business  
**11764 NW 30TH STREET**  
**CORAL SPRINGS FL 33065**

Mailing Address  
**11764 NW 30TH STREET**  
**CORAL SPRINGS FL 33065**



2. Principal Place of Business  
**A&L HEALTH CARE**

3. Mailing Address  
**11764 NW 30th ST.**

City & State  
**CORAL SPRINGS FL.**

Zip  
**33065**

Country  
**BROWARD.**

City & State

Zip

Country

4. FEI Number  
**65-1026109**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KELLY, LELEITH**  
**11764 NW 30TH STREET**  
**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE *Leleith Kelly* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KELLY, LELEITH<br>11764 NW 30TH STREET<br>CORAL SPRINGS FL 33065  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>RUSSELL, ANTONETTE<br>7840 NW 79TH AVENUE L-3<br>TAMARAC FL 33321 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *LELEITH KELLY Leleith Kelly* **9/11/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment Doc# P000000049133  
**A & L HEALTH CARE, INC.** 978624

954.757.7454  
954.757.6529 Fax  
954.762.1173 Beeper

11764 N.W. 30th Street  
Coral Springs, FL 33065

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILING  
P.O. Box 1500

TALLAHASSEE FL 32302-1500

DEAR SIR/MADAM,

I DID NOT RECEIUE THE FIRST

FLORIDA DEPARTMENT OF STATE DIVISION

OF CORPORATIONS, 2001 UNIFORM BUSINESS

REPORT, THIS IS THE FIRST ONE I RECEIUE.

ENCLOSE, CHECK FOR ONE HUNDRED AND  
FIFTY DOLLORS (\$150).

THANK YOU.

Lelinda Reely.