


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000049133

1. Entity Name
A&L HEALTHCARE CORP.
11764 NW 30th St. Coral Springs FL 33065



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

DO NOT WRITE IN THIS SPACE



03172006 No Chg-F CR2E034 (11/05)

4. FEI Number Applied For
65-1026109 Not Applicable

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

6. Name and Address of Current Registered Agent
KELLY, LELEITH
11764 NW 30TH STREET
CORAL SPRINGS, FL 33065

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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.

SIGNATURE: *Leleith Kelly* DATE: **3/20/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

100000477842
04/07/06-80005-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KELLY, LELEITH
STREET ADDRESS	11764 NW 30TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	VD
NAME	RUSSELL, ANTONETTE
STREET ADDRESS	7640 NW 79TH AVENUE L-3
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leleith Kelly ADMINISTRATOR* Date: **3/20/06** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR