## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

## Mar 23, 2006 08:00 AM Secretary of State DOCUMENT # P00000049133 1. Entiry Name A&L HEALTHCARE CORP. 11764 NW 30 ST. CORAL SPRINGS FL 23065 Principal Place of Business Mailing Address 11764 NW 30TH STREET T1764 NW 30TH STREET CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 03172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1026109 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KELLY, LELEITH DO NOT WRITE 11764 NW 30TH STREET CORAL SPRINGS, FL 33065 IN THIS SPACE 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. Leleuts Herry Signature, typed or printed name of registered agent and title if applicable. INOTE, Registered Agent signature required when reinstating) 04/07/06-80005-014 150.00 9. Election Campaign Financing \$5.00 May be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KELLY, LELEITH NAME STREET ADDRESS 11764 NW 30TH STREET CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE RUSSELL, ANTONETTE NAME STREET ADDRESS 7640 NW 79TH AVENUE L-3 TAMARAC, FL 33321 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CCTY-ST-ZOP IN THIS SPACE 7/11 F NAME STREET ADDRESS CCTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. It hereby certify that the information supplied with this filling 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 altachment with an address, with all other like empowered.

Leberit Kelly ASMINISTRATOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytima Plune #