

PO0 0000 49133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

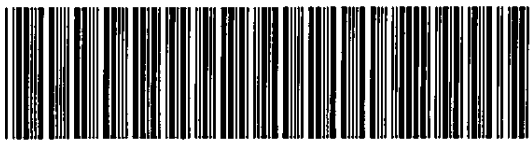
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600081016066

10/27/06--01022--017 **192.50

FILED
06 OCT 27 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Handwritten initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A&L Healthcare Corp.
(Name of Corporation)

DOCUMENT NUMBER: P00000049133

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Sandra Riley
(Name of Person)

A&L Healthcare Corp.
(Name of Firm/Company)

11764 N.W. 30th Street
(Address)

Coral Springs, Florida 33065-4152
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Riley at (954) 536-3701
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Leleith Kelly, hereby resign as President and Director
(Title)

of A&L Healthcare Corp.
(Name of Corporation)

P00000049133, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Leleith Kelly
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
06 OCT 27 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA