

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000072898 (7)
1. Corporation Name
L & D MEDICAL TRANSPORTATION



Principal Place of Business 7618 NW 168TH TERRACE HIALEAH FL 33015	Mailing Address 7618 NW 168TH TERRACE HIALEAH FL 33015-4158
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/29/1994	3a. Date of Last Report 05/28/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0525757	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ALBA, LEONARD JR
7618 NW 168TH TERRACE
HIALEAH FL 33015**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBA, LEONARD JR	1.2 NAME	ALBA, LEONARD JR.
STREET ADDRESS	5701 WEST 25TH COURT APT. 103	1.3 STREET ADDRESS	7618 NW 168th TERRACE
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ANA MARIA ALBA
STREET ADDRESS		2.3 STREET ADDRESS	16741 NW 74 CT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	LEONARDO ALBA
STREET ADDRESS		3.3 STREET ADDRESS	16741 NW 74 CT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DAMARIS ALBA
STREET ADDRESS		4.3 STREET ADDRESS	7618 NW 168 TERRACE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4-11-97** DAYTIME PHONE #: **822-7199**

CFR2E034 (9/96)