

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90010 040 ***158.75

0023520

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000072898
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/29/1994	
4. FEI Number 65-0525757	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input 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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	ALBA, LEONARD JR	
STREET ADDRESS	7618 NW 168TH TERRACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBA, ANA MARIA	
STREET ADDRESS	16741 NW 74 CT	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBA, LEONARDO	
STREET ADDRESS	16741 NW 74 CT	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBA, DAMARIS	
STREET ADDRESS	7618 NW 168 TERRACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: _____ DAYTIME PHONE #: _____

7-28-99 305-819-4442

CR2E034 (5/99)

Pa4000072898
603017-90010-40

July 31, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: L & D Medical Transportation
FEI# 65-0525757

Dear Sirs,

As per your instructions, I am writing this letter in review of our telephone conversation on July 28, 1999.

In February of this year, I mailed out the Annual Report for L & D Medical Transportation along with a check in the amount of \$158.75 made payable to Department of State.

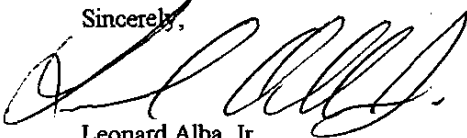
In May of this year, my computer crashed and I lost a large portion of my company's accounting records. My earliest backup of my computer files was made in December of 1998. Since the day of the crash I have been manually updating my computer on a daily basis, which I might add, is not an easy task.

On July 27, 1999, I received a letter from you stating that I had failed to submit the Annual Report on time and was now required to pay \$550.00 to file. At that point, I began to review my monthly bank statements in search of February's cancelled check but unfortunately for me, I was unsuccessful, so I decided to call.

We spoke on July 28th, and after verbally explaining the above, your instructions to me were to send a letter detailing the chain of events and, to include with that letter, a check for the amount originally mailed out in February.

Therefore, I am enclosing with this letter, a check in the amount of \$158.75 made payable to Department of State. If and when I am able to locate the originally mailed cancelled check, a copy will be sent to you immediately. -If you have any questions regarding the above, or need further information, please call me at (305) 819-2280 or my pager (305) 656-9029.

Sincerely,



Leonard Alba, Jr.
President
L&D Medical Transportation