

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000072898

FILED
Jan 19, 2005
Secretary of State

Entity Name: L & D MEDICAL TRANSPORTATION

Current Principal Place of Business:

7618 NW 168TH TERRACE
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

7618 NW 168TH TERRACE
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 65-0525757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALBA, LEONARD JR
7618 NW 168TH TERRACE
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ALBA, LEONARD JR
Address: 7618 NW 168TH TERRACE
City-St-Zip: HIALEAH, FL

Title: D () Delete
Name: ALBA, ANA MARIA
Address: 16741 NW 74 CT
City-St-Zip: HIALEAH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD ALBA JR

PSTD

01/19/2005

Electronic Signature of Signing Officer or Director

_____ Date