

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000049133

**Entity Name:** A&L HEALTHCARE CORP.

**Current Principal Place of Business:**

11764 NW 30TH STREET  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

11764 NW 30TH STREET  
CORAL SPRINGS, FL 33065

**FEI Number:** 65-1026109

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RILEY, SANDRA  
11764 NW 30TH STREET  
CORAL SPRINGS, FL 33065 US

*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

**Officer/Director Detail :**

Title PSD  
Name RILEY, SANDRA  
Address 11764 NW 30TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

*I hereby 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 all other like empowered.*

**SIGNATURE:** SANDRA RILEY

**PRESIDENT**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date