

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000058383

**Entity Name:** A&L PHARMACEUTICALS INC

**Current Principal Place of Business:**

1423 DOROTHY AVENUE  
HAINES CITY, FL 33844

**Current Mailing Address:**

P.O. BOX 1834  
HAINES CITY, FL 33844 US

**FEI Number:** 45-5636020

**Certificate of Status Desired:** No

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

WRAY, HOWARD L  
1423 DOROTHY AVENUE  
HAINES CITY, FL 33844 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	D,P	Title	D,VP
Name	WRAY, HOWARD L	Name	SINGH, AMAN D
Address	P.O. BOX 1834	Address	P.O. BOX 1834
City-State-Zip:	HAINES CITY FL 33845	City-State-Zip:	HAINES CITY FL 33845

*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:** VIK PARTI FOR AMAN SINGH

**MANAGER**

**04/26/2013**

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

\_\_\_\_\_  
Date