

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000072898

**Entity Name:** L & D MEDICAL TRANSPORTATION

**Current Principal Place of Business:**

7618 NW 168TH TERRACE  
HIALEAH, FL 33015

**Current Mailing Address:**

7618 NW 168TH TERRACE  
HIALEAH, FL 33015

**FEI Number:** 65-0525757

**Certificate of Status Desired:** No

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

ALBA, LEONARD JR  
7618 NW 168TH TERRACE  
HIALEAH, FL 33015 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 PSTD  
Name ALBA, LEONARD JR  
Address 7618 NW 168TH TERRACE  
City-State-Zip: HIALEAH FL

*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:** LEONARD ALBA

**OWNER**

**04/26/2015**

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

\_\_\_\_\_ Date