

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90877 049 \*\*\*150.00

DOCUMENT # PD1000023275

1. Entity Name  
A+L Medical Billing and Consulting, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10651 N. Kendall DR.

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
219

Suite, Apt. #, etc.

City & State  
MIAMI

City & State

4. FEI Number  
65-1085175

Applied For  
 Not Applicable

Zip  
33176

Country  
USA

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
FELICIA A. LOPEZ

Street Address (P.O. Box Number is Not Acceptable)  
17597 SW 112 ST.

City  
MIAMI

FL

Zip Code  
33186

8. 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 Felicia A Lopez

(NOTE: Registered Agent signature required when reinstating)

6/3/2002  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:  (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE <u>President</u>	NAME <u>FELICIA A. LOPEZ</u>	TITLE	NAME
STREET ADDRESS <u>14597 SW 112 ST.</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>MIAMI FL 33186</u>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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**DO NOT WRITE  
IN THIS SPACE**

13. 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 report or supplemental 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 11. or on an attachment with an address, with all other like empowered.

SIGNATURE: Felicia A Lopez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2002 (305) 412-4610  
Date Daytime phone #

CR2E034B (12/01)