

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000023275**

1. Entity Name

**A & L MEDICAL BILLING AND CONSULTING CORP.**



Principal Place of Business

**1127 N.W. 22 AVE.  
MIAMI, FL 33125**

Mailing Address

**1127 N.W. 22 AVE.  
MIAMI, FL 33125**

**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number

**65-1085175**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, FELICIA A  
14597 SW 112 STREET  
MIAMI, FL 33186**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

000000156730  
05/05/04-80086-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOPEZ, FELICIA
STREET ADDRESS	14597 SW 112 STREET
CITY- ST - ZIP	MIAMI, FL 33186
TITLE	VP
NAME	LOPEZ, LUIS ANDRES
STREET ADDRESS	14597 S.W. 112 ST.
CITY- ST - ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:**

*Felicia A. Lopez*  
**Felicia Lopez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-04**

Date

Daytime Phone #

(305)

**649-6111**