

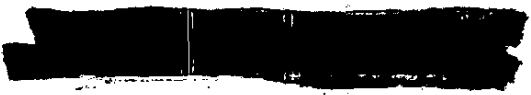
**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

06-27-2003 90050 008 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <b>P01000023275</b>			
1. Entity Name <b>A &amp; L MEDICAL BILLING AND CONSULTING CORP.</b>			
Principal Place of Business <b>10657 N. KENDALL DR 219 MIAMI FL 33176</b>		Mailing Address <b>10657 N. KENDALL DR 219 MIAMI FL 33176</b>	
2. Principal Place of Business <b>1127 N.W. 22 AVE.</b>		3. Mailing Address <b>1127 NW 22 AVE.</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
4. FEI Number <b>65-1085175</b>		Applied For <input type="checkbox"/> (Not Applicable)	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>LOPEZ, FELICIA A 14597 SW 112 STREET MIAMI FL 33186</b>		7. Name and Address of New Registered Agent	
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 <i>Felicia A Lopez</i>		DATE <b>4/29/03</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>P</b> NAME: <b>LOPEZ, FELICIA</b> STREET ADDRESS: <b>14597 SW 112 STREET</b> CITY-ST-ZIP: <b>MIAMI FL 33186</b>	<input type="checkbox"/> Delete	TITLE: <b>VP</b> NAME: <b>Luis Andres Lopez</b> STREET ADDRESS: <b>14597 SW 112 ST</b> CITY-ST-ZIP: <b>Miami, FL 33186</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>VP</b> NAME: <b>ORTEGA, TANCREDO</b> STREET ADDRESS: <b>17340 SW 33 LN</b> CITY-ST-ZIP: <b>HOLLYWOOD FL 33029</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

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 A Lopez** **4/29/03** **(305) 649-6111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR