

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

09-10-2002 90236 045 \*\*\*150.00

**DOCUMENT # P01000109132**

1. Entity Name  
**A & L MEDICAL EQUIPMENT, INC.**

Principal Place of Business  
 4123 NORTH STATE ROAD 7  
 LAUDERDALE LAKES FL 33319

Mailing Address  
 4123 NORTH STATE ROAD 7  
 LAUDERDALE LAKES FL 33319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1154666

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145

Name **Wilken Tisdale**

Street Address (P.O. Box Number is Not Acceptable)

**4123 N 507**

City **Lauderdale Lakes FL** Zip Code **33319**

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 **Wilken Tisdale President 9/1/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**FILE NOW!!! FEES \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>TISDALE, WILKEN L</b>	
STREET ADDRESS	<b>4123 NORTH STATE ROAD 7</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33319</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: **Wilken Tisdale 9/1/02 954-484-5227**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

*Attachment*

Stat Mobile Diagnostics, Inc.  
4163 NORTH STATE RD. 7  
LAUDERDALE LAKES, FL. 33319  
(954) 730-8004 FAX: (954) 730-8007

09/03/2002

TO WHOM IT MAY CONCERN:

I WILKEN L. TISDALE WOULD LIKE TO REQUEST AN EXEMPTION FROM THE LATE FILING FEE FOR MY ANNUAL REPORTS FOR THE FOLLOWING BUSINESSES. THE ORIGINAL UBR REPORTS WERE ALREADY MAILED OUT MONTHS AGO. WHEN THE FILING FEE WAS \$150.00

**1) Stat Mobile Diagnostics, Inc. DOCUMENT NUMBER**

**~~P97000011220.~~**

**2) STAT REHABILITATION SERVICES, INC. DOCUMENT NUMBER.**

**~~P99000083166.~~**

**3) A&L MEDICAL EQUIPMENT, INC. DOCUMENT NUMBER**

**~~P01000109132.~~**

THANK YOU,  
WILKEN TISDALE

