2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109132

Entity Name: A & L MEDICAL EQUIPMENT, INC.

FILED Mar 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4123 NORTH STATE ROAD 7 4850 WEST OAKLAND PARK BLVD. LAUDERDALE LAKES, FL 33319

SUITE 108

LAUDERDALE LAKES, FL 33313

Current Mailing Address: New Mailing Address:

4123 NORTH STATE ROAD 7 4850 WEST OAKLAND PARK BLVD. LAUDERDALE LAKES, FL 33319

SUITE 108

LAUDERDALE LAKES, FL 33313 US

FEI Number: 65-1154666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TISDALE, WILKEN TISDALE, WILKEN PSTD

4850 WEST OAKLAND PARK BLVD. 4123 N SR 7

LAUDERDALE LAKES, FL 33319 US SUITE 108

LAUDERDALE LAKES, FL 33313 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: WILKEN TISDALE 03/21/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition PSTD () Delete Title:

TISDALE, WILKEN L TISDALE, WILKEN L Name: Name:

4850 WEST OAKLAND PARK BLVD. #108 4123 NORTH STATE ROAD 7 Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33319 City-St-Zip: LAUDERDALE LAKES, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILKEN TISDALE **PSTD** 03/21/2005

Electronic Signature of Signing Officer or Director

Date