

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109132

FILED  
Sep 05, 2006  
Secretary of State

Entity Name: A & L MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

4850 WEST OAKLAND PARK BLVD.  
SUITE 108  
LAUDERDALE LAKES, FL 33313 US

**New Principal Place of Business:**

4123 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 US

**Current Mailing Address:**

4850 WEST OAKLAND PARK BLVD.  
SUITE 108  
LAUDERDALE LAKES, FL 33313 US

**New Mailing Address:**

4123 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 US

FEI Number: 65-1154666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TISDALE, WILKEN PSTD  
4850 WEST OAKLAND PARK BLVD.  
SUITE 108  
LAUDERDALE LAKES, FL 33313 US

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

TISDALE, WILKEN PSTD  
4123 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 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

09/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: TISDALE, WILKEN L  
Address: 4850 WEST OAKLAND PARK BLVD. #108  
City-St-Zip: LAUDERDALE LAKES, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: TISDALE, WILKEN L  
Address: 4123 NORTH STATE ROAD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

09/05/2006

Electronic Signature of Signing Officer or Director

Date