

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

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90103 029 ***150.00

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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**



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**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TISDALE, WILKEN
4123 N SR 7
LAUDERDALE LAKES FL 33319**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE **8/29/03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 employees.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/29/03** Daytime Phone # **954 481-5227**

CR2E034 (4/03)

Attachment
80147871

A & L MEDICAL EQUIPMENT, INC.

4123 N SR 7

Lauderdale Lakes, FL. 33319

Office: (954) 484-5227

Fax: (954) 484-1503

08/29/03

Document #P01000109132

To Whom It May Concern

Please accept the (UBR) fee of \$150.00 I am resending to you, this was submitted to you previously, but I receive no confirmation number. If there is any question, please contact me at the above address and telephone number.

Thank you,



Wilken L Tisdale,