

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90011 018 ***150.00

DOCUMENT # P03000105214

1. Entity Name
A & L MEDICAL CENTER, INC



Principal Place of Business

2141 SW 1ST ST.
SUITE 109
MIAMI, FL 33135

Mailing Address

2141 SW 1ST ST.
SUITE 109
MIAMI, FL 33135

44050382



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06252004

Chg-P

CR2E034 (10/03)

4. FEI Number

01-0799162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~CUNI, PEDRO A~~
~~2140 W FLAGLER ST~~
~~SUITE # 110~~
~~MIAMI, FL, FL 33135~~

7. Name and Address of New Registered Agent

Name **GARCIA, RENE, ESTEBAN**

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

2141 SW 1ST STREET Suite 109

City **MIAMI**

FL

Zip Code **33135**

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

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution:

☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CUNI, PEDRO A**
STREET ADDRESS **8886 W FLAGLER ST #205**
CITY-ST-ZIP **MIAMI, FL 33174**

TITLE **V** ☒ Delete
NAME **MIRABAL, LAURA**
STREET ADDRESS **21012 SW 122 CT**
CITY-ST-ZIP **MIAMI, FL 33177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **CUNI, PEDRO A.**
STREET ADDRESS **8886 W FLAGLER ST #205**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Pres/Vice Pres.** ☐ Change ☒ Addition
NAME **GARCIA, RENE ESTEBAN**
STREET ADDRESS **2141 SW 1ST STREET SUITE 109**
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/04

Attachment
44050382

June 25, 2004

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL. 32302-1500

REF: DOC# P03000105214

Dear Sir or Madam:

This letter is in reference to the Uniform Business Report for 2004.

While talking to my new accountant he noticed that this report had not been filed.

I never received the report because I was having trouble getting my mail delivered to my business address. If you notice the address & suite number on my registered agent address shows as 2140 West Flagler ST Suite #110 Miami, Fl. 33135.

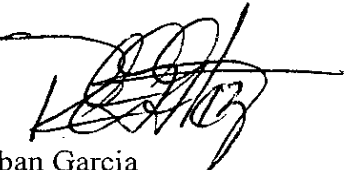
The correct address should be 2141 SW 1ST ST. Suite 109 Miami Fl. 33135.

I ask that you waive the penalty since my not filing on time was not negligent and I never received this report at my address.

I have made the changes of the registered agent address on the report attached so that this does not happen again in the future.

Thanking you for your kind attention to this matter, I apologize for any inconvenience this may have caused.

Sincerely,



Rene Esteban Garcia
A & L Medical Center, Inc.
2141 SW 1ST Street Suite 109
Miami Fl. 33135