

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 Mailing Address
 2141 SW 1FT ST. 2141 SW 1FT ST.
 SUITE 109 SUITE 109
 MIAMI, FL 33135 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] DATE: 6/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P CUNI, PEDRO A 8886 W FLAGLER ST #205 MIAMI, FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIRABAL, LAURA 21012 SW 122 CT MIAMI, FL 33177	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCTY CUNI, PEDRO A. 8886 W FLAGLER ST #205 MIAMI FL 33174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Vice Pres. GARCIA, RENE ESTEBAN 2141 SW 1ST STREET SUITE 109 MIAMI, FL 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 affidavit with all other like empowered.

SIGNATURE: [Signature] DATE: 6/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

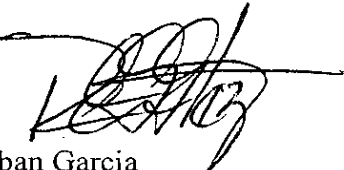
The correct address should be 2141 SW 1ST ST. Suite 109 Miami Fl. 33135.

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