

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105214

FILED
Jan 14, 2005
Secretary of State

Entity Name: A & L MEDICAL CENTER, INC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 01-0799162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ESTEBAN, GARCIA, RENE
2141 SW 1ST STREET SUITE 109
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SCTY () Delete
Name: CUNI, PEDRO A
Address: 8886 W FLAGLER ST #205
City-St-Zip: MIAMI, FL 33174

Title: PVP (X) Delete
Name: ESTEBAN, GARCIA RENE
Address: 2141 SW 1ST STREET SUITE 109
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SCTY (X) Change () Addition
Name: GARCIA, ESTEBAN
Address: 8886 W FLAGLER ST #205
City-St-Zip: MIAMI, FL 33174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ESTEBAN GARCIA

DIRE

01/14/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date