

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105214

FILED  
Jan 03, 2007  
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 ( )

**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:**

GARCIA, RENE E PRE  
2141 SW 1ST STREET SUITE 109  
MIAMI, FL 33135 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: RENE E GARCIA      01/03/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRE ( ) Delete  
Name: GARCIA, ESTEBAN  
Address: 8886 W FLAGLER ST #205  
City-St-Zip: MIAMI, FL 33174

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

Title: PRE (X) Change ( ) Addition  
Name: GARCIA, ESTEBAN  
Address: 11000 SW 32 AVE  
City-St-Zip: MIAMI, FL 33165

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: RENE E GARCIA      PRE      01/03/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date