

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 29, 2007
Secretary of State**

DOCUMENT# P03000105214

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:

GARCIA, RENE E PRE
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

OFFICERS AND DIRECTORS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: CUNI, PEDRO A VP
Address: 11000 SW 32 AVE
City-St-Zip: MIAMI, FL 33165 D

I hereby certify that the information supplied with this filing does not qualify 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

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08/29/2007

Electronic Signature of Signing Officer or Director

_____ Date