2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105214

Entity Name: A & L MEDICAL CENTER, INC

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2141 SW 1ST ST. 2140 WEST FLAGLER STREET SUITE 112

SUITE 109 MIAMI, FL 33135 MIAMI, FL 33135

Current Mailing Address: New Mailing Address:

2141 SW 1ST ST. 2140 WEST FLAGLER STREET SUITE 112 SUITE 109

MIAMI, FL 33135 MIAMI, FL 33135

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

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CUNI, PEDRO A CUNI, PEDRO A 21111 SW 1ST ST #109 2140 WEST FLAGLER STREET MIAMI, FL 33135 SUITE 112

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: PEDRO A. CUNI 04/21/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CUNI, PEDRO CUNI, PEDRO Name: Name:

2141 SW 1ST ST #109 Address: 2140 WEST FLAGLER STREET SUITE 112 Address:

City-St-Zip: MIAMI, FL 33135 City-St-Zip: MIAMI, FL 33135

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.

Ρ SIGNATURE: PEDRO A. CUNI 04/21/2009