

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mariani
Secretary of State

DIVISION OF CORPORATIONS

1996-3-19-96 B-2394 C

DOCUMENT # P95000059004 (8)

1. Corporation Name

A.L.B. MEDICAL, INC.



Principal Place of Business

Mailing Address

9055 NW 13TH COURT
CORAL SPRINGS FL

9055 NW 13TH COURT
CORAL SPRINGS FL

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

FROLOFF, ROCHELLE
9055 NW 13TH COURT
CORAL SPRINGS FL 33071

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 677.0502 and 677.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 677.0502, Florida Statutes.

SIGNATURE: *Rochelle Froloff*

12. OFFICERS AND DIRECTORS

1. TITLE	P D	<input type="checkbox"/> DELETE
2. NAME	Froloff, ROCHELLE	
3. STREET ADDRESS	9055 NW 13th COURT	
4. CITY, ST, ZIP	CORAL SPRINGS FL 33071	
5. TITLE	D P	<input type="checkbox"/> DELETE
6. NAME	MINDY CHERRY	
7. STREET ADDRESS	8195 NW 14th ST	
8. CITY, ST, ZIP	CORAL SPRINGS FL 33071	
9. TITLE	DVP	<input type="checkbox"/> DELETE
10. NAME	STEPHEN CHERRY	
11. STREET ADDRESS	8195 NW 14th ST	
12. CITY, ST, ZIP	CORAL SPRINGS FL 33071	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that the information indicated on this annual report or supplemental annual report, that I am an officer or director of the corporation or the receiver or trustee or person in charge of the corporation, or on an attachment with an address.

15. I do hereby certify that the information indicated on this annual report or supplemental annual report, that I am an officer or director of the corporation or the receiver or trustee or person in charge of the corporation, or on an attachment with an address.

SIGNATURE: *Rochelle Froloff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 305-755-4876
DATE OF FILING

CR2E034 (12/95)

3-19
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