

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000023275

**Entity Name:** A & L MEDICAL BILLING AND CONSULTING CORP.

**Current Principal Place of Business:**

15797 SW 147 LANE  
MIAMI, FL 33196

**Current Mailing Address:**

15797 SW 147 LANE  
MIAMI, FL 33196 US

**FEI Number:** 65-1085175

**Certificate of Status Desired:** No

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

LOPEZ, FELICIA A  
15797 SW 147 LANE  
MIAMI, FL 33196 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:** FELICIA A LOPEZ

04/29/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LOPEZ, FELICIA  
Address 15797 SW 147 LANE  
City-State-Zip: MIAMI FL 33196

Title VP  
Name LOPEZ, LUIS S  
Address 15797 SW 147 LANE  
City-State-Zip: MIAMI FL 33196

Title DIRECTOR  
Name LOPEZ, LUIS S  
Address 15797 SW 147 LANE  
City-State-Zip: MIAMI FL 33196

Title D  
Name LOPEZ, FELICIA A  
Address 15797 SW 147 LANE  
City-State-Zip: MIAMI FL 33196

*I hereby 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 all other like empowered.*

**SIGNATURE:** LUIS S LOPEZ

VP

04/29/2017

Electronic Signature of Signing Officer/Director Detail

Date