2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000013394

1. Entity Name
R&L MED-MANAGEMENT SERVICES, INC.

Principal Place of Business

2426 SHERIDAN STREET HOLLYWOOD, FL 33020 Mailing Address

2426 SHERIDAN STREET HOLLYWOOD, FL 33020

FILED Jan 17, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0983061 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARREN, ROSALIE 10661 PARIS STREET GOOPER CITY, FL 33026

DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	istered office or r	egistered agent, or bo	oth, in the State of Florida. I a	m familiar with, and acc	ept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	l applicable. (NOTE: Re	gistered Agent signature	required when reinstating)	DATE	-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		23 9-012 150.00	
10.	OFFICERS AND DIREC	CTORS }		_			
TITLE HAME STREET ADDRESS CITY-ST-ZIP	DP WARREN, ROSALIE 10561 PARIS STREET COOPER CITY, FL 33026						
NAME STREET ADDRESS CITY-ST-ZIP	DVS GREISDORF, LAWRENCE 15595 SW 28TH STREET DAVIE, FL 33331						-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPAC	E	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP						, , , , , , , , , , , , , , , , , ,	• •
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							