

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000106703

Entity Name: L.M.D. ASSOCIATES, INC.

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1986 N.E. 149TH STREET  
NORTH MIAMI, FL 331811164

**New Principal Place of Business:**

**Current Mailing Address:**

1986 N.E. 149TH STREET  
NORTH MIAMI, FL 331811164

**New Mailing Address:**

FEI Number: 65-1055505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROUSSO, MARK E ESQ.  
18851 NE 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180 US

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

BOULANGER, LAURIS  
1986 NE 149TH STREET  
NORTH MIAMI, FL 33181 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: LAURIS BOULANGER

01/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: BOULANGER, LAURIS  
Address: 1986 N.E. 149TH STREET  
City-St-Zip: NORTH MIAMI, FL 3311

Title: VPD  
Name: BOULANGER, DIANE  
Address: 1986 N.E. 149TH STREET  
City-St-Zip: NORTH MIAMI, FL 3311

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: LAURIS BOULANGER

PST

01/24/2012

Electronic Signature of Signing Officer or Director

Date