

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000112369**

1. Entity Name

L & M MEDICAL SERVICES INC

Principal Place of Business

**215 S.W. 17 AVENUE
SUITE 305
MIAMI FL 33135**

Mailing Address

**215 S.W. 17 AVENUE
SUITE 305
MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1156441

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, LUIS G**215 S.W. 17 AVENUE****SUITE 305****MIAMI FL 33135**

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)☐**FILE NOW!!! FEE IS \$150.00****After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution.

☐**\$5.00 May Be****Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PSD
PEREZ, LUIS G
215 S.W. 17 AVENUE
MIAMI FL 33135**☐ DeleteTITLE
NAME
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CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ Delete

12.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
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CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91631 004 ***150.00

51414



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)