

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112369

Entity Name: L & M MEDICAL SERVICES INC

FILED  
Jan 22, 2004  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

2152 NW 36 STREET  
MIAMI, FL 33142

## Current Mailing Address:

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

## New Mailing Address:

2152 NW 36 STREET  
MIAMI, FL 33142

FEI Number: 65-1156441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

PEREZ, LUIS G  
2152 NW 36 STREET  
MIAMI, FL 33142

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:

01/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: PEREZ, LUIS G  
Address: 215 S.W. 17 AVENUE  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: PEREZ, LUIS G  
Address: 2152 NW 36 STREET  
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LUIS G PEREZ

PSD

01/22/2004

Electronic Signature of Signing Officer or Director

Date