

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90130 019 ***150.00

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AV

DOCUMENT # P02000042099



1. Entity Name
L & M HEALTHCARE MANAGEMENT CORP.

Principal Place of Business
**8010 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321**

Mailing Address
**8010 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1st Floor

Suite, Apt. #, etc.

1st Floor

City & State

City & State

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number

020590791

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

**ROBERT D. LETTMAN P.A.
8010 N UNIVERSITY DRIVE
2ND FLOOR
TAMARAC FL 33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NCC): Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
President + Secretary	Michelle Amara Mojica	3120 N.E. 56 Court	FT. Lauderdale, FL 33305	<input type="checkbox"/>
Vice President + Treasurer	Leigh Buchalter	9810 SW 2 Street	Plantation, FL 33324	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 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

Michelle Amara Mojica
Michelle Amara Mojica

Date

3-3-03

Daytime Phone #

(954) 721-5543

CR2E034 (10/02)

Attachment 10036983
P02000042099

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

DATE RETURNED: **SEP 13 2001**
RECORDED: BOOK **338** PAGE **1592**
HOWARD C. FORMAN, CLERK OF COURT
BY *[Signature]*, DEPUTY CLERK

ML-CE-01-009625
(APPLICATION NUMBER)

*Married name
Michelle
Amaral
Mojica*

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) ELIAS RICARDO MOJICA			2. DATE OF BIRTH (Month, Day, Year) JUL 28, 1971	
3a. RESIDENCE - CITY, TOWN, OR LOCATION WILTON MANORS	3b. COUNTY BROWARD	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) NEW YORK	
5a. BRIDE'S NAME (First, Middle, Last) MICHELLE LOWERY AMARAL			5b. MAIDEN SURNAME (If different)	6. DATE OF BIRTH (Month, Day, Year) FEB 07, 1971
7a. RESIDENCE - CITY, TOWN, OR LOCATION WILTON MANORS	7b. COUNTY BROWARD	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) FLORIDA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Elias Ricardo Mojica</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) AUG 23, 2001
11. TITLE OF OFFICIAL DEPUTY CLERK EUNICE RUIZ	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Michelle Lowery Amaral</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) AUG 23, 2001
15. TITLE OF OFFICIAL DEPUTY CLERK EUNICE RUIZ	16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

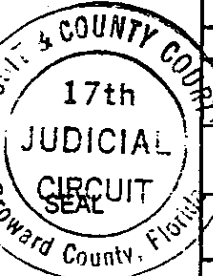
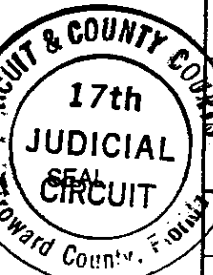
17. COUNTY ISSUING LICENSE BROWARD	18. DATE LICENSE ISSUED AUG 23, 2001	18a. DATE LICENSE EFFECTIVE AUG 23, 2001	19. EXPIRATION DATE OCT 21, 2001
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>	20b. TITLE DEPUTY CLERK EUNICE RUIZ	20c. BY D.C.	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) September 2nd 2001	22. CITY, TOWN, OR LOCATION OF MARRIAGE Coral Gables, Florida
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23c. ADDRESS (Of person performing ceremony) 7336 Ocean Terrace Miami Beach, FL 33141 # 2063
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) + Dr. Karl Rodig Bishop	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY / NOT TO BE RECORDED



SEAL