

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90279 014 \*\*\*158.75

**DOCUMENT # P03000003605**

1. Entity Name  
**LILI MEDICAL MANAGEMENT, INC.**



Principal Place of Business  
**7911 NW 72ND AVE.  
STE. 202A  
MIAMI, FL 33166**

Mailing Address  
**7911 NW 72ND AVE.  
STE. 202A  
MIAMI, FL 33166**

**14010787**



2. Principal Place of Business

**11865 SW 26 st**

Suite, Apt. #, etc.

**Suite J-9**

3. Mailing Address

**PO Box 66 7762**

Suite, Apt. #, etc.

04152005

Chg-P

CR2E034 (10/03)

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number

**65-1168732**

Applied For

Not Applicable

Zip

**33175**

Country

**USA**

Zip

**33166**

Country

**USA**

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

**BUSUTIL, LUCIO A.  
15107 SW 172ND TERR  
MIAMI, FL 33187**

Name

**Busutil Lucio A.**

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

**2881 SW 145 ct**

City

**Miami**

FL

Zip Code

**33175**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **BUSUTIL, LUCIO A**  
CITY-ST-ZIP **15107 SW 172ND TERR  
MIAMI, FL 33187**

TITLE ☐ Change ☐ Addition  
NAME **Busutil Lucio A.**  
STREET ADDRESS **2881 SW 145 ct**  
CITY-ST-ZIP **Miami FL 33175**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

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

**4/26/05**

**(305) 336-2996**

Date

Daytime Phone #