

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 16 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000095528

1. Entity Name
LTR MEDICAL MANAGEMENT GROUP, INC.



Principal Place of Business
3101 UNIVERSITY BLVD. SOUTH
SUITE 100
JACKSONVILLE, FL 32216

Mailing Address
3101 UNIVERSITY BLVD. SOUTH
SUITE 100
JACKSONVILLE, FL 32216



07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0075358

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRASER, THOMAS J JR ESQ
240 PONTE VEDRA PARK DRIVE STE 150
PONTE VEDRA BEACH, FL 32082
Kan Whalen First Coast Physical Medicine
3101 University Blvd S #100
Jacksonville, FL 32216

DO NOT WRITE
IN THIS SPACE

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]

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

(NOTE: Registered Agent signature required when reinstating)

7/19/05

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WALLACH, LARRY
61 SEAWANE ROAD
EAST ROCKAWAY, NY 11518

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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900059785329
09/20/05--01051--011 **550.00

[Signature]

DO NOT WRITE
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/05 904727773