

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078236

Entity Name: LMF MANAGEMENT, INC.

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

16950 N. BAY ROAD
#2310
SUNNY ISLES, FL 33160

Current Mailing Address:

16950 N. BAY ROAD
#2310
SUNNY ISLES, FL 33160

New Principal Place of Business:

17501 BISCAYNE BLVD.
SUITE 570
AVENTURA, FL 33160

New Mailing Address:

17501 BISCAYNE BLVD.
SUITE 570
AVENTURA, FL 33160

FEI Number: 20-2917675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELICIANO, LIZA M
16950 N BAY RD, # 2310
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

FELICIANO, LIZA M
17501 BISCAYNE BLVD.
SUITE 570
AVENTURA, FL 33160 US

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:

Electronic Signature of Registered Agent

01/23/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FELICIANO, LIZA M
Address: 17501 BISCAYNE BLVD STE 570
City-St-Zip: AVENTURA, FL 33160

Title: VP () Delete
Name: FELICIANO, LIZA M
Address: 17501 BISCAYNE BLVD STE 570
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LIZA MARIE FELICIANO, DMD

Electronic Signature of Signing Officer or Director

PRES

01/23/2009

Date