

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90105 027 ***150.00

DOCUMENT # P07000055715					
1. Entity Name L & S MEDICAL GROUP INC					
Principal Place of Business 8316 NW 195TH TERR. MIAMI, FL 33015			Mailing Address 8316 NW 195TH TERR. MIAMI, FL 33015		
2. Principal Place of Business - No P.O. Box # 2500 NW 79 AVE			3. Mailing Address 2500 NW 79 AVE		
Suite, Apt. #, etc. # 222			Suite, Apt. #, etc. # 222		
City & State DORAL, FL			City & State DORAL, FL		
Zip 33122		Country DADE		4. FEI Number 41-2240016	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LOPEZ, YOSLAYNE 8316 NW 195TH TERR. MIAMI, FL 33015				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YOSLAYNE, LOPEZ 8316 NW 195TH TERR. MIAMI, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			4/16/08 305-510-3050		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		