

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91268 031 \*\*\*150.00

UBS0379 AV

**DOCUMENT # P96000079768**

**1. Entity Name**  
**L & S MEDICAL MANAGEMENT, INC.**

**Principal Place of Business**      **Mailing Address**  
**300 NORTH WEST 5TH STREET, #312**      **300 NORTH WEST 5TH STREET, #312**  
**OKEECHOBEE FL 34972**      **OKEECHOBEE FL 34972**

**455020**



DO NOT WRITE IN THIS SPACE

|                                       |         |                           |         |  |  |                                       |  |
|---------------------------------------|---------|---------------------------|---------|--|--|---------------------------------------|--|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         | <b>4. FEI Number</b> <b>93-1223298</b>                           |  | <b>Applied For</b>                    |  |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |  |  | <b>Not Applicable</b>                 |  |
| City & State                          |         | City & State              |         | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b> |  |
| Zip                                   | Country | Zip                       | Country |  |  |                                       |  |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| <b>6. Name and Address of Current Registered Agent</b> |  |  |  | <b>7. Name and Address of New Registered Agent</b> |  |  |  |
| <b>COEL, MARK A</b>                                    |  |  |  | Name   |  |  |  |
| <b>2700 SOUTH COMMERCE PARKWAY</b>                     |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
| <b>SUITE 305</b>                                       |  |  |  |  |  |  |  |
| <b>WESTON FL 33331-0000</b>                            |  |  |  | City <b>FL</b> 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.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS |  |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|----------------------------|--|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | <b>ST</b>                              | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>STIEFEL, ROBERT</b>                 |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | <b>300 NORTH WEST 5TH STREET, #312</b> |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | <b>OKEECHOBEE FL 34972</b>             |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | <b>P</b>                               | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>LEVINE, MARC</b>                    |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | <b>300 NORTH WEST 5TH STREET, #312</b> |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | <b>OKEECHOBEE FL 34972</b>             |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | <b>D</b>                               | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>ALVAREZ, REMON</b>                  |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | <b>8858 STEEPECHASE DR</b>             |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | <b>WEST PALM BEACH FL 33418</b>        |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |  | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |  |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |  |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |  |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |  | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |  |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |  |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |  |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |  | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |  |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |  |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |  |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E034 (9/01)