

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90198 049 ***150.00

DOCUMENT # P96000079768					
1. Entity Name L & S MEDICAL MANAGEMENT, INC.					
Principal Place of Business 300 NORTH WEST 5TH STREET, #312 OKEEFCHOBEE, FL 34972			Mailing Address C/O THAMS PO BOX 85057 SAN DIEGO, CA 92186-5057		
2. Principal Place of Business c/o Mehlich, Roegiers, Goldin & Co.		3. Mailing Address c/o Mehlich, Roegiers, Goldin & Co.			
Suite, Apt. #, etc. 701 Colorado Avenue		Suite, Apt. #, etc. 701 Colorado Avenue		04132004 Chg-P CR2E034 (10/03)	
City & State Stuart, FL		City & State Stuart, FL		4. FEI Number 93-1223298	
Zip 34994		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COEL, MARK A 621 NW 53RD ST SUITE 420 BOCA RATON, FL 33487-0000			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STIEFEL, ROBERT 6575 NW 33 AVE BOCA RATON, FL 33406	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEVINE, MARC 3500 SW CENTRE CT PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALVAREZ, RAMON 8858 STEEPECHASE DR WEST PALM BEACH, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____				Daytime Phone # _____	