


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90517 022 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P96000079768</b>                              |  |
| 1. Entity Name<br><b>L &amp; S MEDICAL MANAGEMENT, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>%MEHLICH, ROEGIERS, GOLDIEN &amp; CO.<br/>701 COLORADO AVENUE<br/>STUART, FL 34994 US</b> | Mailing Address<br><b>%MEHLICH, ROEGIERS, GOLDIEN &amp; CO.<br/>701 COLORADO AVENUE<br/>STUART, FL 34994 US</b> |
|---|---|

**50045379**

|  |  |
|--|--|
| 2. Principal Place of Business<br><i>Mehlich, Roegiers, Goldin &amp; Co.</i> | 3. Mailing Address<br><i>Mehlich, Roegiers, Goldin &amp; Co.</i> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |



04272005 Chg-P CR2E034 (10/03)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>93-1223298</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                                    |  |
| <b>COEL, MARK A<br/>621 NW 53RD ST<br/>SUITE 420<br/>BOCA RATON, FL 33487-0000</b> |  |

|  |             |
|--|-------------|
| 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS |                                    |
|----------------------------|------------------------------------|
| TITLE                      | ST <input type="checkbox"/> Delete |
| NAME                       | STIEFEL, ROBERT                    |
| STREET ADDRESS             | 6575 NW 33 AVE                     |
| CITY-ST-ZIP                | BOCA RATON, FL 33406               |
| TITLE                      | P <input type="checkbox"/> Delete  |
| NAME                       | LEVINE, MARC                       |
| STREET ADDRESS             | 3500 SW CENTRE CT                  |
| CITY-ST-ZIP                | PALM CITY, FL 34990                |
| TITLE                      | D <input type="checkbox"/> Delete  |
| NAME                       | ALVAREZ, RAMON                     |
| STREET ADDRESS             | 8858 STEEPECHASE DR                |
| CITY-ST-ZIP                | WEST PALM BEACH, FL 33418          |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY-ST-ZIP                |                                    |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY-ST-ZIP                |                                    |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY-ST-ZIP                |                                    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |
| STREET ADDRESS  | 5716 Whirlaway Road  |
| CITY-ST-ZIP   | Palm Beach Gardens, FL 33418   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |

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