

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000079768 1. Entity Name L & S MEDICAL MANAGEMENT, INC.	
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Principal Place of Business MEHLICH, ROEGIERS, GOLDIEN 701 COLORADO AVENUE STUART, FL 34994 US	Mailing Address MEHLICH, ROEGIERS, GOLDIEN 701 COLORADO AVENUE STUART, FL 34994 US
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04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 93-1223298	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COEL, MARK A ONE LINCOLN PLACE 1900 GLADES ROAD, SUITE 350 BOCA RATON, FL 33431-0000
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STIEFEL, ROBERT 6575 NW 33 AVE BOCA RATON, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVINE, MARC 3500 SW CENTRE CT PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, RAMON 5716 WHIRLWAY ROAD WEST PALM BEACH, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/12/06-80074-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Stiefel
Robert Stiefel

4/26/2006
4/26/2006

561-998 3628
561-998 3628

Date

Daytime Phone #