

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90460 019 ***150.00

DOCUMENT # P96000079768

1. Entity Name

L & S MEDICAL MANAGEMENT, INC.



Principal Place of Business

**300 NORTH WEST 5TH STREET, #312
OKEECHOBEE FL 34972**

Mailing Address

**300 NORTH WEST 5TH STREET, #312
OKEECHOBEE FL 34972**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

93-1223298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COEL, MARK A
2700 SOUTH COMMERCE PARKWAY
SUITE 305
WESTON FL 33331-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

33 S.E. 8th Street, #400

City

Dade City, FL 33432

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **ST**
STIEFEL, ROBERT
STREET ADDRESS **300 NORTH WEST 5TH STREET, #312**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6575 NW 33 Avenue**
CITY-ST-ZIP **Dade City, FL 33496**

TITLE ☐ Delete
NAME **P**
LEVINE, MARC
STREET ADDRESS **300 NORTH WEST 5TH STREET, #312**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3500 SW Centre Court**
CITY-ST-ZIP **Palm City, FL 34990**

TITLE ☐ Delete
NAME **D**
ALVAREZ, REMON
STREET ADDRESS **8858 STEEPECHASE DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Alvarez, Ramon**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/03 866-626-7171

CR2E034 (10/02)