Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90114 023 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000086270

1. Corporation Name

L AND J MEDICAL MANAGEMENT AND CONSULTING, INC.

	·	·						
Principal Place of Business Mailing Address						•••		
1302 GINGER CIR. 1302 GINGER CIR.								
FT. LAUDERDALE FL 33326 FT. LAUDERDALE FL 33326					DO NOT WRITE	IN THIS	SPACE	
					3. Date Incorporated or Qualifed 10/18/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		$\neg \top$	Applied For
4	•	26			65-0707449			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		·	5 Additional
2	·	27			5. Certificate of Citatos Desires	<u></u>	Fee_	Required
City & Stat	le	City & State			6. Election Campaign Financing			May Be
· · · · · · · · · · · · · · · · · · ·		28			Trust Fund Contribution			ed to Fees
Zip	Country	Zip - · ,	Count	у .	8. This corporation owes the current	nt year Inta	angible **	
4 .	[25]	_	30		Personal Property Tax.  10. Name and Address of New Re	gistered a		□No
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New No	gistered	-gent_	
KES	SLER, ELLIOT		Ľ					
4020 SHERIDIAN ST HOLLYWOOD FL 33302			82 Street Add		ddress (P.O. Box Number is Not Acceptate	le)		l
			8	3				
			آ ا	<u> </u>				
			8	4 City		Fi	<b>85</b>   Zi	ip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the abo	ve-named co	orporation submits this statement for the p	urpose of	changing	its registered
office or r	registered agent, or both, in the State on Im familiar with, and accept the obligat	of Florida. Such change was at	utnorizea d	y tne corpora	ation's board of directors. I hereby accept	tne appoir	iunent as	registered
•	in igning. With, and accept the congac	(0),0 0,0 0000,0 00						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag	ent signature requ	ured when reinstating)	DATE		
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AN		
TITLE	D	☐ DELETE	1.1 TITLE				☐ Chang	ge 🗀 Addition {
NAME	MARKS, LAUREN			<u> </u>				Ì
STREET ADDRESS			1.3 STRE	ET ADDRESS		•		
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		1.4 CITY-	ST-ZIP				# A (49)
TITLE	{	☐ DELETE	2.1 TITLE				☐ Chang	ge [] Addition
NAME			2.2 NAM	<u> </u>				
STREET ADDRESS	•		2.3 STRE	ET ADDRESS				İ
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP				F75 + 4400
TITLE		☐ DELETE	3.1 TITLE				☐ Chang	ge 🗌 Addition
NAME		•• •	3.2 NAM	•		٠	_	-
STREET ADDRESS			3.3 STRE	ET AODRESS				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE	İ	☐ DELETE	4.1 TITLE				Chang	ge
NAME			4. 2 NAM	Ε	•			
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE	17 19 19 3 3 4 T 1 2 Day	☐ DELETE	5.1 TITLE				Chang	ge Addition
NAME	1		5.2 NAM		•			
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	6.1 TITLE	:			☐ Chang	ge 🔲 Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP