

**UCAOA Volunteer Disclosure Form  
(for Board and/or Committees)**

**Name:** Laurel Stoimenoff

**Address:** 2550 N. Thunderbird, Suite 303 Mesa, AZ 85215

**Current Position:** President, NextCare, Inc.

**Education/Residencies:**

B.S., Allied Health Ohio State University, 1976  
Degree/Specialty, Institution, Year Major: Physical Therapy -  
(Licensed AZ #602)

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Degree/Specialty, Institution, Year

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Degree/Specialty, Institution, Year

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Degree/Specialty, Institution, Year

**Board Certifications/Honors:**

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**Business or Proprietorships, in which you own 5% or greater interest:**

LSMS Investments, LLC

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