

**FILE NOW: FILING FEE AFTER MAY 1<sup>ST</sup> IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Marcham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000029088 (8)**

1. Corporation Name

**STEPHEN H. LIVINGSTON, M.D., P.A.**



Principal Place of Business

**200 BUTLER ST. 201  
W PALM BEACH FL 33407**

Mailing Address

**200 BUTLER ST. 201  
W PALM BEACH FL 33407**

2. Principal Place of Business

**21 10887 N. MILITARY TRAIL**

Suite, Apt. #, etc.

**22 SUITE 8**

City & State

**23 PALM BEACH GARDENS, FL**

Zip

**24 33410**

Country

**25 USA**

2a. Mailing Address

**26 10887 N. MILITARY TRAIL**

Suite, Apt. #, etc.

**27 SUITE 8**

City & State

**28 PALM BEACH GARDENS, FL**

Zip

**29 33410**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY  
225 WATER ST, 1800  
JACKSONVILLE FL 32202**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE

Signature of the officer or director

Signature of the registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE: **PRESIDENT, SECRETARY, TREASURER**  DELETE  
NAME: **STEPHEN H. LIVINGSTON, M.D.**  
STREET ADDRESS: **10887 N. MILITARY TRAIL, SUITE 8**  
CITY - ST - ZIP: **PALM BEACH GARDENS, FL 33410**

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
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13.

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption contained in Section 119.07(5)(k), 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 addition with an address.

SIGNATURE: *Stephen H. Livingston* **Stephen H. Livingston** 1/23/96 (407)626-7500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)