

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 503313

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** LIVINGSTON, PATTERSON, STRICKLAND & SIEGEL, P.A.

**Current Principal Place of Business:**

46 NORTH WASHINGTON BLVD.  
#1  
SARASOTA, FL 342365928 US

**New Principal Place of Business:**

**Current Mailing Address:**

46 NORTH WASHINGTON BLVD.  
#1  
SARASOTA, FL 342365928 US

**New Mailing Address:**

**FEI Number:** 59-1672475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LPS CORPORATE SVCS., INC.  
46 N WASHINGTON BLVD.  
#1  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LIVINGSTON, CHARLES  
Address: 46 N WASHINGTON BLVD. #1  
City-St-Zip: SARASOTA, FL 34236

Title: VTSD  
Name: PATTERSON, JOHN  
Address: 46 N WASHINGTON BLVD. #1  
City-St-Zip: SARASOTA, FL 34236

Title: VD  
Name: STRICKLAND, JOHN M  
Address: 46 N WASHINGTON BLVD. #1  
City-St-Zip: SARASOTA, FL 34236

Title: VD  
Name: SIEGEL, MICHAEL E  
Address: 46 N. WASHINGTON BLVD. #1  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN PATTERSON

VTSD

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date