

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90102 034 ****50.00

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01172005 Chg-LLC CR2E083 (10/03)

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|---|--|--|---|--|---|
| DOCUMENT # L03000025297 1. Entity Name ROBERT D. LIVINGSTON, JR., M.D., P.L. | | | | | |
| Principal Place of Business 1511 S. TAMiami TRAIL STE 202 VENICE, FL 32485 | | | Mailing Address 1511 S. TAMiami TRAIL STE 202 VENICE, FL 32485 | | |
| 2. Principal Place of Business <i>836 Sunset Lake Blvd</i> | | 3. Mailing Address <i>836 Sunset Lake Blvd</i> | | 4. FEI Number 20-0080994 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Suite, Apt. #, etc. <i>Ste 102A</i> | | Suite, Apt. #, etc. <i>Ste 102A</i> | | | |
| City & State <i>VENICE FL</i> | | City & State <i>VENICE FL</i> | | | |
| Zip <i>34292</i> | | Zip <i>34292</i> | | | |
| 6. Name and Address of Current Registered Agent LIVINGSTON, ROBERT D JR. 1511 S. TAMiami TRAIL STE 202 VENICE, FL 32485 | | | | 7. Name and Address of New Registered Agent Name <i>Robert D. Livingston, Jr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>836 Sunset Lake Blvd</i> <i>Ste 102A</i> City <i>VENICE</i> FL Zip Code <i>34292</i> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LIVINGSTON, ROBERT D JR. 1511 S. TAMiami TRAIL STE 202 VENICE, FL 32485 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mgr. Robert D. Livingston, Jr. 836 Sunset Lake Blvd, Ste 102A VENICE FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>x [Signature]</i> 2-14-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |