

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90061 043 \*\*\*150.00

**DOCUMENT # P02000020214**

1. Entity Name  
**LIVINGSTON MORRIS GROUP HOME, INC.**



Principal Place of Business

**2960 NW 163 ST.  
MIAMI, FL 33054**

Mailing Address

**2960 NW 163 ST.  
MIAMI, FL 33054**

**DO NOT WRITE IN THIS SPACE**

4012170



07232007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**01-0607778**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LIVINGSTON MORRIS, JOSEPHINE  
2960 NW 163 ST.  
MIAMI, FL 33054**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIVINGSTON, JOSEPHINE 2960 NW 163 ST MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIVINGSTON, YOLANDA 239 NEW HOPE RD BLDG 7 APT 102 LAWRENCEVILLE, GA 30045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES, PORTIA 1130 NW 90 ST MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HARDER, TARICA 2020 NE 169 ST OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT  
*Livingston-Morris Group Home, Inc.*  
DEVELOPMENTAL DISABLE SERVICES

Josephine Livingston-Morris, RN  
*Administrator*

40127458

Phone: (305) 624-6232  
Fax: (305) 620-7887  
Cellular: (305) 527-0052

July 23, 2007

To: Florida Department of State

From: Josephine Livingston

Re: Profit Annual Report

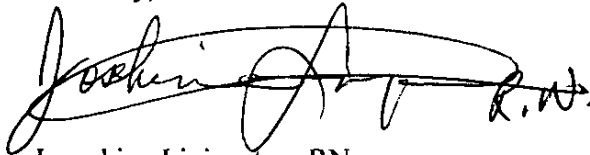
Document: # P02000020214

Livingston Morris Group Home, Inc. Profit Annual Report was sent in April 16, 2007. However the letter was not received by the Division of corporations and the check was not cashed.

I spoke with Debra on July 23, 2007 about the resubmitting the Annual Report to the department requesting that the late fee to be waived because the report was sent in.

For further information I can be reached at (305) 624-3262 or (305) 527-0052 thank you for your corporation in this matter.

Sincerely,



Josephine Livingston, RN