

FILED  
May 06, 2003 8:00 am  
Secretary of State

05-06-2003 90030 011 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P02000079308
1. Entity Name	LIVY CORPORATION

DO NOT WRITE IN THIS SPACE

90130540

2. Principal Place of Business 2775 NE 163RD STREET, STE 150		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORTH MIAMI, FL		City & State	
Zip 33160	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1014365		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
LEE VICKERS  
Street Address (P.O. Box Number Is Not Acceptable)  
41 NE 95 STREET

City  
MIAMI  
FL  
Zip Code  
33138

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  LEE VICKERS

5/1/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LEE VICKERS 41 NE 95 STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE  LEE VICKERS

5/1/2003  
Date

(305) 354-8818  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. WRUBEL, CPA, PA  
CERTIFIED PUBLIC ACCOUNTANT

MEMBER OF  
FLORIDA AND AMERICAN  
INSTITUTE OF CPAs

560 LINCOLN ROAD  
SUITE 304  
MIAMI BEACH, FLORIDA 33139

TELEPHONE: (305) 672-4CPA  
FAX: (305) 672-2392  
E-MAIL: david@cpa-fl.com

INSTRUCTIONS FOR FILING  
FLORIDA TAX RETURNS

TAXPAYER: Livy Clinic

DATE: 5/1/03

PLEASE OBSERVE THE FOLLOWING INSTRUCTIONS:

☒ **UBR** - FLORIDA UNIFORM BUSINESS REPORT - FOR PROFIT CORPORATION

Sign and date the return. Mail the original by TODAY to:

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

✓ Attach a check, Payable to: **FLORIDA DEPARTMENT OF STATE**, for \$ 150.00 to the form.

Write your EIN: 33-1014365, Year 2003, and **Form UBR** on the check.

— Renew Online at [www.sunbiz.org](http://www.sunbiz.org) on page: <https://ccfssl.dos.state.fl.us/corpweb/efiling/onlmenu.html>

Use your business credit card to make payment of renewal fee of \$ \_\_\_\_\_. Your state PIN is \_\_\_\_\_.

OTHER INSTRUCTIONS:

\*\* Obtain & retain proof of date sent for your record (i.e. such as certified mail or FEDEX mailing slip)

\*\* **DUE MAY 1<sup>ST</sup>** - Late filing penalty is an \$400 additional renewal fee. No extension or waiver available.

*sunbiz.org*