

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084573

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** KERI L. LIVINGSTONE, M.D., P.A.

**Current Principal Place of Business:**

660 NE 95TH ST., SUITE 1  
660 NE 95 ST  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

660 NE 95TH ST.,  
SUITE 1  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

660 NE 95TH ST., SUITE 1  
SUITE 1  
MIAMI SHORES, FL 33138

**New Mailing Address:**

660 NE 95TH ST.,  
SUITE 1  
MIAMI SHORES, FL 33138

**FEI Number:** 30-0203817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIVINGSTONE, KERI L  
660 NE 95TH ST., SUITE 1  
MIAMI SHORES, FL 33138 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: DR  
Name: LIVINGSTONE, KERI L  
Address: 660 NE 95TH ST., SUITE 1  
City-St-Zip: MIAMI SHORES, FL 33138

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: KERI L. LIVINGSTONE

DR

01/06/2011

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

\_\_\_\_\_  
Date