

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000134609

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** LIVE OAK OF INDIAN RIVER COUNTY, INC.

**Current Principal Place of Business:**

3555 9TH ST SW  
VERO BEACH, FL 32968

**New Principal Place of Business:**

**Current Mailing Address:**

3555 9TH ST SW  
VERO BEACH, FL 32968

**New Mailing Address:**

**FEI Number:** 20-5760961

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TALMADGE, CHRISTIAN F  
213 STONY POINT DRIVE  
SEBASTIAN, FL 32958 US

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

TALMADGE, CHRISTIAN F  
104 HARBOR POINT DRIVE  
SEBASTIAN, FL 32958 US

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

01/06/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** TALMADGE, JOHN R  
**Address:** 104 HARBOR POINT DRIVE  
**City-St-Zip:** SEBASTIAN, FL 32958

**Title:** STD  
**Name:** TALMADGE, CHRISTIAN F  
**Address:** 104 HARBOR POINT DRIVE  
**City-St-Zip:** SEBASTIAN, FL 32958

**Title:** VP  
**Name:** FLAMMIO, JOSEPH M  
**Address:** 2815 TURTLE MOUND RD  
**City-St-Zip:** MELBOURNE, FL 32934

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:** JOSEPH FLAMMIO

VP

01/06/2011

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

\_\_\_\_\_  
Date