2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004894

Entity Name: SANDY LIVINGSTON, RD, P.A.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	ss:
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10887 N. MILITARY TRAIL, SUITE 8 800 VILLAGE SQUARE CROSSING PALM BEACH GARDENS, FL 33410

SUITE 209

PALM BEACH GARDENS, FL 33410

Current Mailing Address: New Mailing Address:

800 VILLAGE SQUARE CROSSING 10887 N. MILITARY TRAIL, SUITE 8 PALM BEACH GARDENS, FL 33410 SUITE 209 PALM BEACH GARDENS, FL 33410

FEI Number: 26-1751737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BELTRANO, ALDO ESQ 601 HERITAGE DRIVE, SUITE 138 JUPITER, FL 33458

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVTS** () Delete Title: (X) Change () Addition

LIVINGSTON, SANDY LIVINGSTON, SANDY Name: Name:

10887 N. MILITARY TRAIL, SUITE 8 800 VILLAGE SQUARE CROSSING SUITE 209 Address: Address:

City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Delete Title: (X) Change () Addition

LIVINGSTON, SANDY Name: LIVINGSTON, SANDY Name:

10887 N. MILITARY TRAIL, SUITE 8 800 VILLAGE SQUARE CROSSING SUITE 209 Address: Address:

PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANDY LIVINGSTON **PST** 04/27/2009