

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90067 041 \*\*\*150.00

**DOCUMENT # P96000024484**

1. Entity Name

**LIVE OAK MEDICAL ASSOCIATES, P.A.**

Principal Place of Business

Mailing Address

**2896 GULF BREEZE PKWY  
 GULF BREEZE FL 32561  
 US**

**2896 GULF BREEZE PKWY  
 GULF BREEZE FL 32561  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3387916**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIMMERN, WILLIAM  
 2896 GULF BREEZE PKWY  
 GULF BREEZE FL 32561**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZIMMERN, WILLIAM A JR STREET ADDRESS 2896 GULF BREEZE PKWY CITY-ST-ZIP GULF BREEZE FL 32561	<input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>
NAME HOWE, WILLIAM L STREET ADDRESS 2896 GULF BREEZE PKWY CITY-ST-ZIP GULF BREEZE FL 32561	<input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>
NAME PENNINGTON, KAREN A STREET ADDRESS 2896 GULF BREEZE PARKWAY CITY-ST-ZIP GULF BREEZE FL 32561	<input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>
NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>
NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>
NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-01

CR2E034 (10/00)