


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000024484
1. Entity Name
LIVE OAK MEDICAL ASSOCIATES, P.A.



Principal Place of Business Mailing Address
2896 GULF BREEZE PKWY 2896 GULF BREEZE PKWY
GULF BREEZE, FL 32561 US GULF BREEZE, FL 32561 US

DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3387916 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000118620
04/19/04-80067-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZIMMERN, WILLIAM A JR
STREET ADDRESS	2896 GULF BREEZE PKWY
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	PENNINGTON, KAREN A
STREET ADDRESS	2896 GULF BREEZE PARKWAY
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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 Block 11 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 #