


**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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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 Trust Fund Contribution.        \$5.00 May Be 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 #