
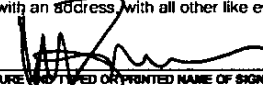


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90014 007 ***150.00

DOCUMENT # P96000024484			
1. Entity Name LIVE OAK MEDICAL ASSOCIATES, P.A.			
Principal Place of Business 2896 GULF BREEZE PKWY GULF BREEZE, FL 32561 US		Mailing Address 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 32563		Country	
Zip 32563		Country	
4. FEI Number 59-3387916		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIMMERN, WILLIAM 2896 GULF BREEZE PKWY GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code 32563	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMERN, WILLIAM A JR 2896 GULF BREEZE PKWY GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kellen, David P 2896 Gulf Breeze Pkwy Gulf Breeze, FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNINGTON, KAREN A 2896 GULF BREEZE PARKWAY GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 10 Feb 06	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 850-932-2203	



02102006 Chg-P CR2E034 (11/05)

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SIGNATURE:  Date: 10 Feb 06 Daytime Phone #: 850-932-2203

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06