

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024484

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: LIVE OAK MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

2896 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

2896 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

FEI Number: 59-3387916      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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:**

Title: D ( ) Delete  
Name: ZIMMERN, WILLIAM A JR  
Address: 2896 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: PENNINGTON, KAREN A  
Address: 2896 GULF BREEZE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: KELLEN, DAVID P  
Address: 2896 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MD (X) Change ( ) Addition  
Name: ZIMMERN, WILLIAM A JR  
Address: 2896 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD R. HALFON

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MR

04/20/2007

\_\_\_\_\_ Date