


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90053 041 ***150.00

DOCUMENT # P96000024484

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



Principal Place of Business
 2896 GULF BREEZE PKWY
 GULF BREEZE, FL 32563 US

Mailing Address
 2896 GULF BREEZE PKWY
 GULF BREEZE, FL 32563 US

40031484

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01282008 Chg-P CR2E034 (12/06)

4. FEI Number
 59-3387916 Applied For
 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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 1/28/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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 | MD ZIMMERN, WILLIAM A JR 2896 GULF BREEZE PKWY GULF BREEZE, FL 32561 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD MATTHEWS, RICHARD S. JR 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLEN, DAVID P 2896 GULF BREEZE PKWY GULF BREEZE, FL 32563 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: *[Signature]* DATE: 1/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #